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**UK pharmacy
responds to
Asia disaster**

**DoH warns of
diamorphine
supply problems**

**French IT firm
Cedigem buys
Enigma Health**

**C&D takes the
Numark healthy
heart challenge**



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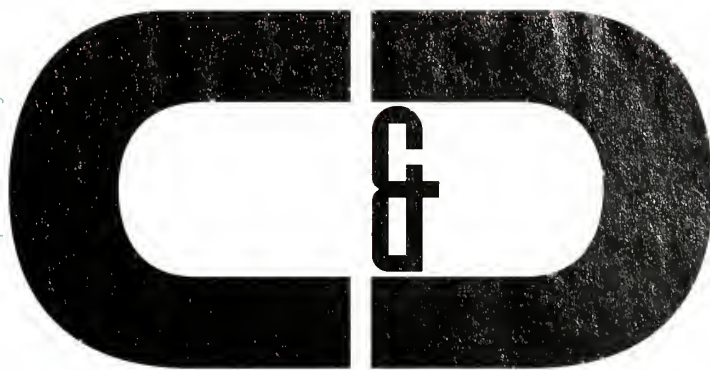
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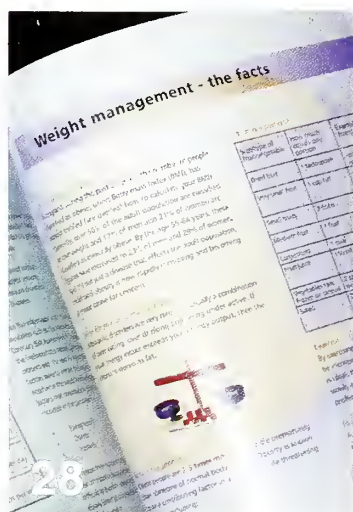
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A study showing celecoxib patients to be at higher risk of heart attack and stroke has prompted the MHRA to issue guidance on all Cox-2 inhibitors

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CMP

Limited Business Media



Advice for returning tsunami victims

by Fiona Salvage

Health organisations' advice is available for community pharmacists to offer returning travellers affected by the South Asia tsunami.

The Health Protection Agency has issued advice warning health professionals that returning travellers could be at risk from infections caused by "difficult environmental conditions and damage to local infrastructure".

The Department of Health is advising people returning from the affected area with the

following symptoms to contact NHS Direct, see their GP or visit an NHS Walk-In Centre:

- fever or flu-like illness
- sickness
- vomiting
- diarrhoea
- wounds that do not heal properly or get worse.

Meanwhile, *Pharmaciens Sans Frontières* has requested that pharmacists do "not contribute to the uncontrolled collection of medicines and the shipping of inappropriate donations". The request came because "in emergency situations, tons of

medicines from across the world are dumped in the countries hit. They are a danger to public health ... and can disrupt the local economy once the peak of the crisis has passed".

The RPSGB has reminded pharmacists wishing to make donations of medicines of their legal responsibilities in posting medical supplies.

Various companies, including Phoenix, Mawdsleys, UniChem, GlaxoSmithKline and Pfizer, have responded to the disaster by promising medicines and supplies, funds and support.

Heathrow Airport saw many of the returning travellers affected by the tsunami and local pharmacists were able to assist. Lawtons Pharmacy in Hillingdon obtained medicines for dispensing in the airport branch of Boots The Chemists, which included mostly OTC painkillers, skin preparations and antihistamines.

Hillingdon PCT praised all the agencies involved in the work at the airport and added that local community pharmacists had played a crucial role in ensuring that the required medicines were available for dispensing.

Scotland to secure pharmacy services with legislation

Scotland's community pharmacists will need to register with all the NHS Boards they intend to practice in, according to draft legislation published by the Scottish Executive.

Published last month, the *Smoking, Health and Social Care (Scotland) Bill* proposes that pharmacists will be obliged to register their intention to practise with one NHS Board, which will then communicate the details to the other Boards requested by the pharmacist. The all-Scotland pharmaceutical list will be maintained by NHS National Services Scotland (NSS), at an estimated cost of £10,000 and will contain details of pharmacist principals and non-principals. Pharmacy principals would not be able to employ a pharmacist not listed with their Board.

Meanwhile, NHS Boards will be given the power to secure pharmaceutical care services (PCSs) in areas identified with a local need and will be able to provide PCSs themselves. The Scottish Executive says this power will enable NHS Boards to ensure those in remote areas have access to the full range of PCSs.

Scotland's chief pharmaceutical officer Bill Scott said the Bill provided the legislative framework to help implement the new contract "by defining pharmaceutical care



services and the way in which they are to be planned and provided in the future".

"Significantly, the legislation provides for a contract that will enable pharmacists to provide more 'added value' services for patients, such as advice for and treatment of minor ailments and in some cases support for patients on long-term medication for chronic conditions.

"There is already strong support for the direction we are taking with the new contract; this legislation will enable us to deliver it," he added.

The estimated costs for these extra capabilities are £500,000 across all NHS Boards and an extra £85,000 per year for each location in revenue provision. On top of those are set-up and upgrade costs for premises. **FS**

NI contractors say yes to new contract framework

Northern Ireland pharmacists have voted in favour of their new contract framework proposals.

Just over two thirds (69 per cent) of the 511 contractors voted, of whom 98.3 per cent said yes and 1.7 per cent said no.

The negotiating body for contractors – the Pharmaceutical Contractors' Committee – is hoping to start negotiations on funding with the NI Health Department soon.

The framework is made up of two tiers of services – essential core and enhanced. The essential

services are subdivided into two types:

- Core 1 – services provided by all pharmacies under the present contract, such as dispensing, medication advice and PMR maintenance.

- Core 2 – services that may require pharmacist accreditation such as medicines management and health promotion.

Enhanced services will cover a wide range of services which will be planned and funded at local level (*C&D*, September 4, 2004, p5). **AdeM**

Reid blueprint for long-term conditions includes pharmacy

Health secretary John Reid confirmed pharmacists' role in managing patients with long-term conditions as he announced plans to overhaul patient care this week.

Dr Reid spoke of community pharmacists' role in screening for diabetes and how they were "genuinely trying to enhance services they give to patients in the community".

Speaking at the launch of the community matron system, where specially trained nurses intensively manage patients with multiple long-term conditions, Dr

Reid said the initial focus will be on diabetes, arthritis and asthma, and that community matrons will work across health communities to reduce hospital admissions.

National clinical director for primary care, David Colin-Thomé, echoed Dr Reid's support for community pharmacists and said medicines management would be a key part of the scheme. As more pharmacists become independent and supplementary prescribers, they will be "another group of providers to help everyone else", he said. **FS, VM**

New BAPW chief

UniChem managing director David Coles took over as chairman of the British Association of Pharmaceutical Wholesalers on January 1 from AAH Pharmaceuticals group managing director Steve Dunn.

Mr Coles, whose term of office lasts for two years, said: "As the BAPW chairman and in my role as managing director of UniChem, I feel that it is the responsibility of the wholesaler to pre-empt, analyse and adapt to challenges within the industry."

Election dates

Nominations for this year's Royal Pharmaceutical Society Council election must be submitted by noon on February 25.

Comprising 17 elected pharmacists, one university-appointed pharmacist, two pharmacy technicians and 10 lay members, the new Council will take office on May 25, the day after the 2005 annual general meeting.

SLS additions

Oseltamivir (Tamiflu) and zanamivir (Relenza) have been added to the list of drugs that may only be prescribed on the NHS in certain circumstances.

The changes to the *Drug Tariff Part XVIII (Selected List Scheme)* came into effect in England on January 3. While the changes will not be reflected in the *Drug Tariff* until the February edition, the regulations take effect for prescriptions written on or after January 3.

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The group photo shows the winners of the 2004/05 competition, who were awarded certificates and prizes by the winners of the 2004/05 competition. The winners of the 2004/05 competition were awarded certificates and prizes by the winners of the 2004/05 competition. The winners of the 2004/05 competition were awarded certificates and prizes by the winners of the 2004/05 competition.

Diamorphine shortage

by Asha Fowells

The Department of Health has asked healthcare professionals to conserve diamorphine injections because of a potential shortage.

Stocks of the opioid injections should be reserved for those most in need such as palliative care patients, said the DoH.

Alternative drugs should be considered for all others, ensuring equipotent dosing if switching from one opioid analgesic to another, and wastage and over-ordering should be avoided, the DoH advised.

Chiron, which supplies around

65 per cent of the UK market, has limited diamorphine supplies because of a manufacturing issue. No one from the company was available for comment, but further stock is unlikely to be available before the end of March, the DoH said.

Karl Roberts, sales and marketing director for Wockhardt, the only other UK supplier, said the company was struggling to meet the increased demand, adding: "Every available capacity we have is being directed to diamorphine production." The company is working with the DoH to control supply onto the

market and prevent panic buying and stockpiling, he said.

Mary Allen, palliative care pharmacist for St Francis Hospice in Berkhamstead, hadn't come across any shortages. But she advised keeping existing patients on subcutaneous diamorphine and starting anyone else on morphine.

The DoH said it was working with the NHS Purchasing and Supply Agency to investigate alternative sources of drug and ensure sufficient supplies of alternative medicines such as morphine were maintained.

For more information:
www.dh.gov.uk

Cegedim buys Enigma Health

French healthcare IT supplier Cegedim has bought pharmacy systems provider Enigma Health for an undisclosed sum.

Formerly part of UniChem, the purchase of Enigma strengthens Cegedim's UK presence. The company currently provides services to nearly 2,000 GP surgeries and recently acquired NDCHealth's UK operation (*C&D*, November 6, p8).

Enigma said the business would

retain its existing name and there would be no difference to staff or customers. UniChem has agreed to continue supporting Enigma's products by installing the Nexphase pharmacy system in all Moss branches over the next 18 months.

Cegedim says it is committed to rolling out and developing Nexphase. This will enable electronic transmission of prescriptions and support the IT

requirements of the new contract.

Max Brighton, managing director of Cegedim's healthcare systems' UK business, said: "We will ensure that Enigma's main priorities are customer service and product development to support the activities of community pharmacists and enable them to benefit from the activities of the National Programme for Information Technology (NPfIT) in the NHS." **AF**

NPA Link sparks 'conflict' worry

by Adrienne de Mont

The NPA's new individual membership category went live on January 1 amid criticism that it could face conflict with existing members who are pharmacy owners.

Membership of NPA Link gives individual pharmacists access to NPA services such as information, education and training, legal and personnel advice and the NPAnet. Those eligible to join include pharmacy managers and locums, and many categories working outside community pharmacy.

But the Pharmacists' Defence Association has questioned the legal advice the NPA might give to an individual who has an

employment dispute with an NPA member. In the past year, the PDA says it has dealt with over 300 disputes between employers and employees or locums.

"The NPA cannot look after both the employer and the employee without conflict or potential conflict of interest arising and, consequently, its advisory service in this respect may be difficult to deliver to employees and locums," the PDA says in its winter newsletter. It adds that it is prepared to talk to any organisations to further the agenda of the individual pharmacist.

But NPA chief executive John D'Arcy told *C&D*: "Conflicts of interest aren't the problem, it's how you manage them." As an

indemnity and defence provider, the NPA could instruct different solicitors to represent each side in a dispute. Other organisations, such as car insurance companies, have managed such situations successfully, he said.

Extending membership has been part of the NPA's strategic plan since 2001, and the association was reacting to demand. "As an organisation we have to reflect the changing nature of the sector we represent," he said. "We represent pharmacy owners and also see merit in creating a category for individuals." He acknowledged that pharmacists working for NPA members could already access services, but others wanted access in their own right.

Europe rules out SSRIs in children

The European medicines regulatory body has recommended that SSRIs including fluoxetine should not be given to any paediatric patient, in contradiction to current UK guidelines.

The Committee for Medicinal Products for Human Use says that data shows an increase in suicidal thoughts and behaviour in children taking SSRIs, although there were no reported suicides in clinical trials. It has concluded SSRIs and SNRIs to be unsuitable for routine use in children.

But the UK's MHRA has defended its decision to allow fluoxetine use in children, saying it had acted faster and gone further than any other regulator to take action on emerging SSRI safety issues. "After a thorough review of the data, the UK advised that the treatment of childhood depression with any SSRI except Prozac should not continue." **FS**

Pregestimil withdrawal

Mead Johnson Nutritionals has withdrawn Pregestimil powdered infant formula following a possible link to four cases of *Enterobacter sakazakii* infection in infants in France that led to two deaths.

The organism has previously been associated with poor hygiene and storage of reconstituted powdered infant formula.

Although *Esakazaki* has not yet been detected in Pregestimil, the company has withdrawn it as a precautionary measure.

The DoH advises pharmacists to direct parents/carers of infants taking Pregestimil to contact their doctor to get an alternative formula. Pregestimil feeds can continue until an alternative is obtained, says the DoH. But health professionals should re-emphasise the importance of good hygiene in preparing formula feeds. In particular, it is important to store made-up formula in the coldest part of the fridge, preferably at 5°C for no more than 24 hours and to throw away any leftover milk, the DoH says.

Further information on the withdrawal, including a leaflet entitled *Bottle Feeding*, is available on the DoH website. **GP**



Bid to cut CHD

The DoH has published a guide aimed at cutting coronary heart disease in the UK's South Asian community.

The guide, developed with the British Heart Foundation, provides case studies and other resources showing how best to prevent and treat CHD among South Asians. Heart disease is the biggest cause of death in the UK, and South Asians living in the UK are 50 per cent more likely to suffer from the condition than the population as a whole. **GP**

Public health under review

The Commons health select committee has announced an inquiry into the Government's public health White Paper.

The committee will examine whether the proposals enable the Government to achieve its public health goals and whether the proposals are effective, appropriate and represent value

for money. In addition, the committee will see if the necessary public health infrastructure exists to ensure the goals can be achieved.

Comments on the inquiry, which is expected to hear evidence from the secretary of state for health, should be submitted by February 1. **GP**

Questiontime

This week's question:

The Government is introducing community matrons to help tackle chronic disease. But will their work impact on the role of community pharmacists?

- Yes – will enhance role
- Yes – will marginalise role
- No change

You have until noon on January 11 to vote at www.dotpharmacy.com. We will publish the results in *C&D* on January 15.

STILL

NO. 1

AFTER ALL

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to help remove
hardened ear wax*

*Reduces the need
for syringing*

Easy squeeze bottle

Otex[®]
EAR DROPS



The best-selling ear wax treatment*
Clinically proven to reduce the need for syringing
High profile national TV campaign throughout the year

Available only from pharmacies. Contains urea hydrogen peroxide.

OTEX Trademark and Product Licence held by Diomed Developments Ltd, Hitchin, Herts, SG4 7QR, UK. Distributed by DDD Ltd, 94 Rickmansworth Road, Watford, Herts, WD18 7JJ, UK. **Indications:** For the removal of hardened ear wax.

Legal Category: [P] Further information is available from DDD Ltd, at the address above.

*Source: IMS July 2004

Let prison staff supply GSLs

by Adrienne de Mont

An MHRA proposal to allow specified prison staff to supply GSL medicines to prisoners out of hours has met with a mostly positive response.

Over half (39) of the 65 organisations and individuals replying to the MHRA's consultation letter *MLX 304* supported the proposals.

There were no objections from the six replying pharmaceutical organisations. The NPA agreed there should be no restriction on the range of GSL medicines that custodial officers could administer, but thought there should be national or local formularies and protocols controlling when, how and which medicines were given. Staff should ensure that prisoners were not obtaining regular or inappropriate quantities in this way.

The ABPI proposed recording

such medicines to reduce the risk of hoarding with a view to suicide. The Paediatric Chief Pharmacist Group agreed, suggesting that administration might also be witnessed. The Group said it was important for individual doses, rather than full packs, to be available.

Only nine responses opposed the proposals or expressed serious reservations. The BMA (Wales) said there were grave concerns over the ability of all prisons to maintain the necessary quality and control. Some packaging could be used as a weapon or for self-harm and there were questions around the costs, including the ethics of charging for the medicines.

Most replies opposing the proposals came from individuals based in prison establishments, several believing that prisoners should be allowed to make their own provision for minor ailment remedies.

Advertisement

Product withdrawal

Crookes Healthcare Ltd launched the new Nurofen Back Pain Heat Patches in August 2004 as an addition to the Nurofen analgesic range. We have been made aware of a few cases of people experiencing adverse skin reactions, similar to sunburn, when using the Heat Patches.

As a precautionary measure, we have decided to withdraw the product from sale, whilst we continue our investigations into the cause of these events.



The withdrawal applies to *all* batches of the Heat Patches; no other products in the Nurofen range are affected.

Advice to Stockists

All stocks of Nurofen Back Pain Heat Patches should be removed from sale, for return through the normal channels. Credit will be made against returned stocks. All trade enquiries should be addressed to Crookes Healthcare on **0115 9686473** during normal office hours or your normal Crookes Healthcare Ltd representative.

We estimate that very few patches that have already been sold to consumers will remain unused. However, if any consumers seek advice, they should be asked to return unused product to the retailer for a full refund.



Pharmacist Sarah Woodward has won an 'Learner's Hero Award' for her work at Howlands Pharmacy in Stirling. David McWoodward, owner of the pharmacy, presents her with an award certificate and a week's off-in-lieu holiday. In the background, the pharmacy is open 11p's a week. Woodward's supervisor, Mr. McWoodward, is also a pharmacist.

Focus on health, says AAH

The stock carried by pharmacies should reflect the healthcare focus in the new pharmacy contract, AAH has said.

Pharmacists must maximise the return on their limited shelf space by only stocking the products specific to healthcare and that customers want to buy from them, AAH Pharmaceuticals marketing director Mandeep Mudhar has said.

He added that AAH's recently launched category management service will only focus on key pharmacy categories in 2005, and would include advice on striking the right balance with non-healthcare related products.

● Consumers are spending more on healthcare year-on-year but

independent pharmacy's share is decreasing, according to a Reckitt Benckiser article on Nucare's website.

The average healthcare spend in 2004 was £19 per person but only 16 per cent of people bought healthcare products in independent pharmacy, spending £7.52 annually, the article says.

One of the major contributing factors, it goes on to say, is that independent pharmacy offers a wide range of products but many are slow selling, low-value lines that block space from faster selling, TV-advertised products. Pharmacists should implement practices such as category management to remain competitive, it adds. **GP**

POLITICS

GMC reviews revalidation scheme

The Government is to review the General Medical Council's proposed new system of revalidation for doctors in light of the latest Shipman Inquiry report.

The review will include the role of NHS appraisal and the GMC's arrangements for examining a

doctor's fitness to practice within the revalidation process.

It follows Dame Janet Smith's fifth Shipman report, which examined and made recommendations for change on handling complaints against GPs. **GP**

TECHNICAL

Eldon staff leap to Quantum

Four former Eldon Laboratories managers are launching a specials manufacturing company.

Former Eldon manufacturing manager Andy Patterson, senior pharmacist Alison Norman, sales and marketing manager Phil Richardson and IT manager Ian Edge have been preparing to launch Quantum Specials for three months. Based at North Tyneside College near Newcastle, production could begin next month if the premises are deemed

satisfactory during an MHRA inspection this month.

Mr Richardson said the team had received funding from business development agencies One NorthEast and Building Up Business. Quantum hopes to recruit around 10 to 15 staff, possibly from Eldon following its recent sale to Martindale Pharmaceuticals and proposed relocation from Newcastle to existing facilities in Essex (*C&D* December 11, p10). **AF**

headMASTER!



Recommend Lyclear to your customers and help teach head lice a lesson they won't forget!

Lyclear (permethrin) is the only 10-minute treatment available over-the-counter, which unlike many other treatments, is not contraindicated in those with asthma. The orange cream is simply applied to damp hair for just 10 minutes, killing lice and their eggs with just one application.

So, the next time your customers ask you about head lice, show them who's in charge with Lyclear!

The 10-minute treatment for head lice that's in a class of its own

Product Information: Lyclear Creme Rinse. **Presentation:** A light orange coloured topical cream containing the active ingredient Permethrin 1% w/w. **Posology and administration:** One 59ml bottle is usually sufficient to treat one person with shoulder length hair of average thickness. Also available in a twin pack containing 2 x 59ml bottles. Suitable for adults and children over 6 months of age, also suitable for asthmatics. Children under 6 months of age should be treated on the advice of a doctor. Shake thoroughly and apply to washed, towel dried hair. Leave on hair for 10 minutes before rinsing thoroughly with water. **Uses:** For the treatment of infections with the head louse *pediculus humanus capitis*.

Contraindications: Individuals with known hypersensitivity to the product, its components and other pyrethroids or pyrethrins. **Precautions:** If accidentally introduced into the eyes, rinse immediately with plenty of water. For external use only. Shake thoroughly before using. If symptoms persist consult your doctor. Keep out of reach of children. **Legal category:** P. **Product licence number:** 15513/0019. **Product licence holder:** Pfizer Consumer Healthcare, Eastleigh, Hampshire, SO53 3ZQ. **Package quantity and RSP:** 59ml is £3.99 and the twin pack (2x59ml) is £7.25.

PAGB PERSPECTIVE

Doing away with the silent witness

Is it time to allow health professionals to endorse products in OTC advertising, asks Sheila Kelly, executive director at the Proprietary Association of Great Britain

Tis the week after Christmas and all through the land weary pharmacists are taking a well-earned rest. While they lie on their couches, turkey sandwich in hand, daytime TV soothes and relaxes. Until they see all the medicine advertisements which pass unnoticed the rest of the year.

If advertising reflects society rather than seeking to shape it then it is apparent that the tougher working environment we all face these days is reflected now in advertisements for cough and cold products. Cossetting yourself at home in bed or an armchair has been replaced by a get up and go picture where taking a medicine helps you get back to work quickly and even allows you to work while you are at home – an attitude that all employers must welcome.

On the same theme, most advertisements, not just medicines, show people getting advice from their family and friends who expertly explain the science behind shampoos and skin creams, good versus bad bacteria, the benefits of cholesterol lowering and even the role of cornflakes in keeping your heart healthy. While all the research shows that the major source of information for people is their family and friends, there are times when medicine companies would like to show people getting advice from a pharmacist or other health professional.

Alas, this is not possible thanks to the medicines advertising regulations which refer to a recommendation by scientists or health professionals. This restriction dates back to age old clauses in the PAGB code of advertising practice which were themselves based on professional rules preventing doctors and pharmacists advertising their services which are long abandoned. That's why the various pharmacy chains can advertise the healthcare services



and advice they can offer. Perhaps as more products are made available OTC but with the need for pharmacist monitoring and advice, the merits of banning pharmacists in advertisements will come under question.

However, if this change is to happen it will be slow. In the European Parliament and even in the UK, politicians and consumer representatives are currently considering extending this prohibition to apply it to claims about the health benefits of foods on the basis that people will be misled by the involvement of experts and they need protecting. So for the time being we are stuck with the law as it is.

Our apologies that the only time a doctor appears in an advertisement is when he comes out of his room to find the surgery empty because people with colds have realised they can treat themselves and the sole portrayal of a pharmacist is limited to a white coated presence silently handing over the product but prohibited from saying anything about it.

Despite this, OTC advertising does remind people that there are plenty of good products available without prescription. It tells them they can treat themselves without having to go to the doctor and at least the sign off line which companies put on most advertisements reminds the consumer that the pharmacist is there and can give more advice.

Study triggers coxib advice

by Asha Fowells

The Medicines and Healthcare products Regulatory Agency has issued advice on all Cox-2 inhibitors following a study showing celecoxib patients to be at higher risk of heart attack and stroke.

Patients taking celecoxib (Celebrex), valdecoxib (Bextra) or etoricoxib (Arcoxia) are advised to have their treatment reviewed by their GP. Heart disease or high stroke risk patients will have their treatment changed, whereas alternatives will be considered for all other patients, the MHRA said.

The advice follows a study conducted by the US National Cancer Institute involving 2,400 patients taking 400mg or 800mg celecoxib daily over an average of 33 months. The risk of heart attack or stroke was 2.5 times higher than placebo at 400mg and 3.4 times at 800mg.

But a second trial of 933 patients on celecoxib or placebo, conducted by the same body,

found no link. These conflicting findings have resulted in a European Medicines Agency decision to bring forward its review of Cox-2 inhibitors to this month.

A spokesman for Merck Sharp & Dohme, makers of Arcoxia, said it was difficult to draw conclusions from the studies for other drugs in the class, including Cox-2 inhibitors and non-selective NSAIDs. She added that patients on any such products should be regularly reviewed according to their gastrointestinal and cardiovascular risk profile.

A Pfizer spokesman said the company supported the MHRA's "precautionary line", even though Bextra, a Pfizer product, was not part of the clinical trials prompting the advice. She added the new data on Celebrex, another Pfizer product, was important but needed viewing with evidence collected from 40,000 patients in studies over 10 years that showed no significant cardiovascular risk.



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new

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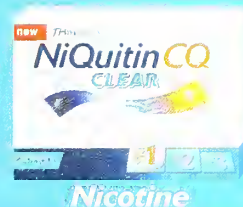


When your customers are ready to quit smoking, they need more than just the NRT you sell.

By recommending NiQuitin CQ Clear 24 hour patch, you'll be offering them round the clock craving protection, along with the opportunity to get clinically proven behavioural support from the Click2Quit Stop Smoking Plan.

Customers can visit Click2Quit.com for their personal quit plan.

Quit with NiQuitin



NiQuitin CQ 21, 14, 7mg Transdermal Patches, NiQuitin CQ Clear 21, 14, 7mg (nicotine) opaque or transparent transdermal patches 21 mg, 14 mg, 7 mg nicotine (Steps 1, 2, 3) for relief of nicotine withdrawal symptoms during smoking cessation. Dosage: stop smoking completely. >10 cigarettes/day: Step 1 for 6 weeks, then Step 2 for 2 weeks, then Step 3 for 2 weeks. <10 cigarettes/day: Step 2 for 6 weeks then Step 3 for 2 weeks. Complete full course: Max 10 consecutive weeks. Apply to fresh site (clean, dry skin) once daily. **Contraindications:** non/occasional smokers, children under 12. Recent MI/ stroke, severe arrhythmia, unstable/worsening/ resting angina. Hypersensitivity. **Precautions:**

adolescents 12-17 years, cardiovascular disease including uncontrolled hypertension, severe renal/hepatic impairment, peptic ulcer, hyperthyroidism, insulin-dependent diabetes, pheochromocytoma, dermatitis. Concomitant medication may need dose adjustment. **Side effects:** Local rash, itching, burning, tingling, numbness, swelling, pain, urticaria, heaviness. Depression, irritability, anxiety, nervousness, restlessness, mood lability, drowsiness, impaired concentration, insomnia, sleep disturbance. Allergic reactions, abnormal dreams, nausea, vomiting, dry mouth, GI disturbance, headache, dizziness, palpitations, tachycardia, tremor, dyspnoea, pharyngitis, cough, arthralgia, myalgia,

sweating, chest pain, fatigue, malaise, flu-like symptoms. **Pregnancy/lactation:** try without nicotine replacement therapy. Medical assessment of risk/benefit if necessary. **GSL PL** 00079/0347, 0346, 0345, 0356, 0355 & 0354 **PL holder:** GlaxoSmithKline Consumer Healthcare, Brentford, TW8 9GS, U.K. **Pack size and RSP:** All strengths 7 patches £17.49, Step 1 only 14 patches £32.95 **Date of revision:** March 2004

Reference: 1. Stretcher V *et al* Poster presented at the 12th World Conference on Tobacco or Health, Helsinki, 3-8 August, 2003

Lancet editor calls for ongoing drug reviews

by Vikki Miller

All drugs should be subject to ongoing five-yearly reviews, the editor of *The Lancet* has told MPs.

The reviews would keep prescribers abreast of which drugs were most effective and would "clear out all the dross", Richard Horton told a Commons health select committee looking at the influence of the pharmaceutical industry, last month.

Mr Horton cited manipulation of research findings, undisclosed conflicts of interests by scientists, industry sponsored continuing medical education and the failure

to align commercial with public interests to illustrate his claim that the pharmaceutical industry has damaged the current evidence base of medicine.

"Without greater scrutiny of the interaction between the private and public sectors, the health of our population will continue to be put at risk by biased, over-interpreted, and misreported research findings. At present, our population is part of a largely unregulated experiment involving poorly investigated new medicines that have been licensed on the basis of insufficient

data," he told the committee.

But Mike Paling, managing director of medicines advertising agency Paling Walters, said patients should have more information on their conditions and that whoever provides this information, even if it is the pharmaceutical industry, was fulfilling an important need.

Margot James, regional president Europe of advertiser Ogilvy Healthworld, said that direct to consumer advertising, which could improve public health, was an example of alignment of commercial and public interests.

Inbrief

Dulco-lax 50s

Boehringer Ingelheim has applied to the MHRA to raise the pack size of GSL Dulco-lax (bisacodyl 5mg) Tablets from 20 to 50 for the short-term relief of constipation.

The company says Dulco-lax Tablets have been marketed for constipation relief for more than 25 years and that there is "adequate experience" to demonstrate that it "fulfils the criteria" for increasing the pack size to 50.

NI health review

An independent assessment of health and social care provision in Northern Ireland will take place this year. Conducted by King's Fund chief economist Professor John Appleby, the review will consider whether resources are being used effectively and suggest changes.

£3m to fight fat

The Department of Health is making an extra £3 million available for training health professionals in obesity prevention and management. The money will be sent to public health leads in the nine regions in England, with funding targeted at PCTs in the country's most deprived areas.

Winthrop Pharma

Sterwin Medicines became Winthrop Pharmaceuticals UK on December 20 as part of Sanofi Aventis's worldwide generics strategy.

Generic Rx's 78pc

The average rate of generic prescribing in England has reached 78 per cent, health minister Rosie Winterton has said.

In her response to a written question put by Liberal Democrat health secretary Paul Burstow, Ms Winterton said some PCTs have achieved generic prescribing rates of over 85 per cent.

DoH gives £900k to regulate CAM

The Department of Health has given £900,000 to The Prince of Wales's Foundation for Integrated Health to improve the regulation of complementary and alternative healthcare.

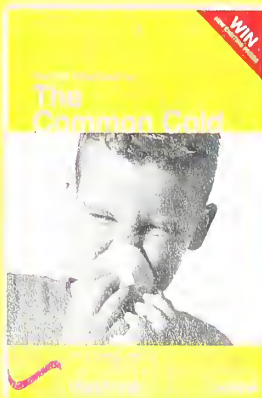
The three-year funding will support the Foundation in setting up voluntary self-regulation schemes for complementary healthcare practitioners, such as homoeopaths, aromatherapists, herbalists and reflexologists. It will help establish a single regulatory body for each of the main complementary health professions.

The Medicines and Healthcare products Regulatory Agency will also establish a Herbal Medicines Advisory Committee. **AF**



The Prince of Wales's Foundation for Integrated Health has been awarded £900,000 by the Department of Health to improve the regulation of complementary and alternative healthcare. The funding will support the Foundation in setting up voluntary self-regulation schemes for complementary healthcare practitioners, such as homoeopaths, aromatherapists, herbalists and reflexologists. It will help establish a single regulatory body for each of the main complementary health professions. The Medicines and Healthcare products Regulatory Agency will also establish a Herbal Medicines Advisory Committee. **AF**

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Our question to pharmacists this week was:

Which of the following will you give up in the New Year?

"Overeating, because I ate too much chocolate over Christmas"

Helen Yeeles, Newcastle-upon-Tyne

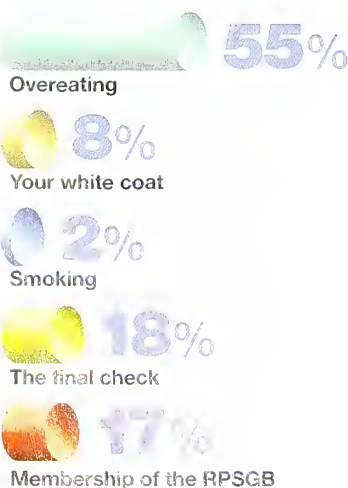
"Overeating, because I really need to"

Jeb Low, New Tredegar

"The white coat, but I'm not really planning to give anything up"

Kenny Lean, Newmarket

Our online poll at www.dotpharmacy.com said...



Comment from the Editor

The start of this New Year has been overshadowed by the tragedy that has blighted the coastline communities around the Indian Ocean. Events there have shocked the world but they have also engendered a global community spirit, demonstrated by the impressive response to the relief programme.

Many readers will have family members, friends, or customers who have been affected by the disaster and we offer our sympathy. But let us also recognise the resurgence of compassion and humanitarianism in a world that has grown increasingly less trusting.

Pharmacy will have a role in helping treat the illness, particularly as water-borne diseases take their toll. But when the media coverage fades in the months ahead, we should all try to remember the tragedy, and ask how we can help further.

We can all contribute – the donations of the pharmaceutical industry and wholesalers is one example and cash is perhaps the best way individuals can help at the moment. The PharmAid BNF collections, or the

International Pharmaceutical Students Federation's project in Neema are no less valuable a contribution.

A longer term plan might be to consider how you can share experiences with pharmacy colleagues elsewhere in the world: the Commonwealth Pharmaceutical Association may offer that opportunity.

A major part of the CPA's work involves the development and implementation of practical and sustainable projects that will improve health outcomes at the community level.

Details about joining or supporting the aims of the CPA are available at <http://commonwealthpharmacy.org> or c/o the Royal Pharmaceutical Society.

Is taking a wider interest in pharmacy a resolution we should all adopt this New Year?

You can share experiences with pharmacy colleagues around the world

Yourviews

Philip Lee of Epilepsy Action warns against the switching of drugs

Consistency is vital in epilepsy

We are all aware that prescribing the cheapest and most readily available drugs is actively encouraged, but new research indicates that consistency of supply in anti-epileptic drugs (AEDs) is imperative because patients are being put at risk by drug switching.

Over the years, many people have contacted Epilepsy Action to report that, as a result of being given different versions of their medication, they have experienced more or worse seizures, or a greater problem with side effects.

Our survey revealed that last year 30 per cent of patients questioned had received a different version of their usual



Philip Lee: switching drugs is not a good idea for epileptics

AED. Of those, nearly a quarter believed that their epilepsy had worsened as a result and a third reported more or different side effects. This increase in seizures and side effects is linked to switching between different manufacturers' products, being given mixed bundles of drugs, and to parallel imports.

Pharmacists play a pivotal role

in epilepsy management and should not be at a financial disadvantage when supplying a patient with their usual version of an AED. Nevertheless, drug switching can lead to patients paying a very high price. Even slight changes in AEDs may lead to an increase in seizures, heightening the risk of injury and even death. Seizures can also have a dramatic impact on a patient's education, employment and social life, not least because a patient's driving licence is revoked if a daytime seizure occurs.

If a patient's epilepsy is well controlled with a certain AED, they should always be given the same version.

We've been had

The Pharmaceutical Contractors' Committee is doing an excellent job so far in negotiating our new contract. Along the lines of that secured in England and outlined in the Northern Ireland Framework, a new contract will secure our businesses and allow meaningful investment. But this will require the magic ingredient – funding.

I think that PCC will be resolute on this. Recent financial problems at the health boards indicate that there is not much money around. The new GP contract is putting strains on funding, making it difficult to find money for other initiatives such as the contract.

English contractors secured an excellent deal. Yes, it is still linked to the volume of prescriptions. Yes, smaller contractors may lose out. But we live in the real world and no contract will be perfect for everyone. However, if it gets rid of the perverse incentive to dispense when the medicine is not needed, as well as 'purchase profit',

English contractors secured an excellent deal

then it will make a difference.

Purchase profit (discount) has been the skeleton in our cupboard for too long. DISSPS knew we had it, PCC pretended we didn't and we thought we had got away with it. Truth is, it was all a silly sham, with contractors the main losers – yet most of us can't see this even now. The DoH conceded that pharmacy services were under-funded deliberately as it knew what purchase profit contractors had gained. I can't think it was different for DISSPS.

We should feel silly for spending so much time going through price lists thinking we were making real gains when in fact we were just allowing DISSPS to under-fund the service we provide.

Written by a community pharmacist in Northern Ireland

TOPICAL REFLECTIONS

Diamorphine shortage is an avoidable problem

I always breathe a huge sigh of relief when the Christmas madness is over and done with. Although I count myself lucky this year to have avoided the additional stress of rota duties. Always unpredictable, these one hour slots can either make everything seem worthwhile or spoil my whole day.

Will I spend one hour of a special family day selling nappies and paracetamol or will I be frantically providing life saving drugs and advice to patients who have absolute faith in my ability to make them well again? Well I didn't find out this year and enjoyed my Christmas lunch all the more for it.

Because of the unpredictable nature of rotas I always order up on essentials like antibiotics and analgesics, but with this year's impending diamorphine shortage I avoided a potential nightmare scenario. I've been told that there will be a shortage but I've also been told not to order additional stock. The thought of receiving a diamorphine script on Christmas Day, having no stock and being unable to contact the prescriber ranks alongside that sinking feeling I've had following a dispensing error.

But I don't understand how this situation has

arisen. The generics free market ensures that there are usually several manufacturers producing each drug and this should avoid repeats of the shortages that followed Regent's collapse a few years ago, but there are only two companies making diamorphine.

I can understand why there is only one manufacturer for each year's flu vaccine, but surely there should be a safety net for vital drugs such as this. Are the CD regulations so onerous that production becomes too specialised for most? Surely the Government (or the BGMA) can regulate against a repeat of this situation. Or perhaps requirements following the Shipman report will make it more difficult still. Most community pharmacies will have at least a pack or two of diamorphine in their cabinet but the regulations also make it difficult to pool this resource and make it available to those who need it the most.

The chief medical officer's guidance is thorough and timely but no one should have to wait for a dose of this drug and converting doses between opioids is complicated. I cannot believe that someone will not suffer as a result of this apparently avoidable situation.

Contemplating a move north

As there seems little point in making half-hearted New Year's resolutions, I'm considering something serious. I think I would like to move to Scotland. OK, the weather's not great, but property is cheap and it seems like the best place to be a pharmacist at the moment.

The funding deal that SPGC announced just before Christmas (*C&D*, December 18/25, p4) could have come straight from Santa. A 6.36 per cent rise in the global sum belies the Scotsman's reputation for financial dealings. And writing off last year's £2.4 million overspend is icing on the cake. Making additional spending on direct supply pilots, model schemes and oncost outside of the global sum is a rather nice cherry on top of that.

We in England have a shiny new contract to look forward to that will make some of us slightly better off, but we will be expected to do significant additional work to earn our extra pennies. The Scots' rise simply paves the way for the introduction of their new contract.

Everything seems so fair and reasonable north of the border. A £2m infrastructure support fund will ease contractors gently into the demands of their new contract. Ring-fenced funds for weekend pharmaceutical services is an ideal way to ensure patients can access medicines and advice at the weekend. And with specific funding available there will be far more pharmacist prescribers setting up clinics in Scotland than down here.

It's just a shame I'm too late for Hogmanay.



small announcement

Introducing the 5mg tablet

ABILIFY 5mg joins the existing range of 10mg, 15mg and 30mg tablets, offering you greater flexibility for customising treatment

Designed with **efficacy** in mind



ABILIFY
(aripiprazole)

ABILIFY TABLETS

PRESCRIBING INFORMATION

PRESENTATION: Tablets containing 5mg, 10mg, 15mg and 30mg aripiprazole. **INDICATION:** Schizophrenia. **DOSAGE:** Usual starting and maintenance dose is 15mg once daily, with or without food. If necessary, dose can be increased up to 30mg once daily. No dosage adjustment required in renal or moderate hepatic impairment. Elderly (≥ 65 years): Efficacy not established. Consider lower starting dose. Children and adolescents (< 18 years): Safety and efficacy not established. **CONTRA-INDICATIONS:** Hypersensitivity to any component. **WARNINGS AND PRECAUTIONS:** Clinical improvement may take several days to some weeks; monitor patient throughout this period. Reduce dose or discontinue if signs or symptoms of tardive dyskinesia appear. Discontinue if patient develops signs and symptoms indicative of neuroleptic malignant syndrome. Caution in patients with a history of

seizure. Do not use in pregnancy unless benefit outweighs risk; breastfeeding not advised. Until individual patient response established, caution not to drive or operate machinery. **DRUG INTERACTIONS:** Increased hypotensive effect with certain antihypertensives. Caution is advised when combining with alcohol or other CNS medication; also with certain antifungals, antituberculous drugs, antivirals, anticonvulsants and St John's Wort. Reduce aripiprazole dose under concomitant use of potent CYP3A4 or CYP2D6 inhibitors, e.g. fluoxetine, paroxetine. Increase aripiprazole dose under concomitant use of potent CYP3A4 inducers, e.g. carbamazepine. See SmPC. **SIDE EFFECTS:** In placebo controlled trials, the following adverse drug reactions were reported: common ($>1/100$ $<1/10$): insomnia, headache, akathisia, dizziness, lightheadedness, nausea, vomiting, dyspepsia, constipation, somnolence, tremor, blurred vision; uncommon ($>1/1000$ $<1/100$): tachycardia, orthostatic hypotension. Other findings, see SmPC. **OVERDOSAGE:**

Treatment should be symptomatic and supportive; adequate airway maintenance, cardiovascular monitoring and close medical supervision. Activated charcoal reduces serum concentrations. **LEGAL CATEGORY:** POM. **AUTHORISATION NUMBERS / BASIC NHS PRICE:** ABILIFY 5mg (EU/1/04/276/002) £101.63 for 28 tablets; ABILIFY 10mg (EU/1/04/276/007) £101.63 for 28 tablets; ABILIFY 15mg (EU/1/04/276/012) £101.63 for 28 tablets; ABILIFY 30mg (EU/1/04/276/017) £203.26 for 28 tablets. **MARKETING AUTHORISATION HOLDER:** Otsuka Pharmaceutical Europe Ltd., Commonwealth House, 2 Chalkhill Road, Hammersmith, London W6 8DW. **FURTHER INFORMATION FROM:** Bristol-Myers Squibb Pharmaceuticals Ltd, Hounslow, Middlesex TW3 3JA. Tel: 0800 731 1736

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Date of preparation December 2004
ABI/12-04/1032/11-06

Mary Allen FRPharmS describes case studies in which anticipatory drugs are prescribed in terminal care

Just in case



THE COLLEGE OF PHARMACY PRACTICE

This course (module 1325), in association with multiple choice questions being published in *C&D* February 5, provides one hour's continuing education

Jean, a district nurse, visits your pharmacy with a prescription for dressings for an elderly patient, Vera Foster. Mrs Foster has been a customer of yours for a long time. Jean wants to take the dressings with her now, but hands you another prescription for Mrs Foster, telling you that there is no hurry for this and the items will be collected tomorrow.

The prescription

1. Diamorphine amps 10mg x 3
2.5mg-5mg to be used as directed prn
2. Glycopyrronium injection
200mcg x 5
200-400mcg to be used prn
3. Midazolam 10mg/2ml x 5
One ampoule to be used as directed prn
4. Cyclizine 50mg/ml x 5 ampoules
One ampoule to be used prn up to tds.

The patient medication record

Vera's PMR indicates that she has been receiving the following for several months:

- diclofenac 50mg tds
- lansoprazole 15mg daily
- sertraline 50mg daily
- paracetamol 500mg 2qds

Obviously, Vera suffers with chronic pain and is being treated for depression. You recall that you haven't seen her for a while, and clearly the district nurse is visiting Vera and attending to her dressings.

What the new prescription tells us

You know that diamorphine is used to treat severe pain (and sometimes, in smaller doses, breathlessness). Vera isn't currently taking a strong opioid such as morphine, but her pain seems to be controlled with diclofenac and paracetamol. You also know that cyclizine is an anti-emetic. What about the other two drugs, and why might they be for future use? And why are they all injections?

Anticipatory prescribing

The drugs prescribed for Vera are often used for symptoms that may occur in the final stages of chronic illness. Symptoms often change rapidly when a patient is dying. Although many patients need no extra medication in the final phase of their illness, some do.

Commonly occurring symptoms include:

- pain
- nausea and vomiting
- respiratory tract secretions
- restlessness and/or agitation.

These symptoms can cause considerable distress, but are easily managed with the right medicines. Rapid deterioration or changing symptoms often occurs outside normal working hours – after all, there are twice as many hours constituting “out-of-hours” than there are within normal working hours for primary care medical services. Inability to access the required medicines when needed causes distress not only for patients but also for their

Objectives

- To know what drugs might be used in palliative care
- To be aware of the doses used
- To appreciate the reasons for prescribing in advance
- To know what precautions are needed
- To understand different methods of administration



Symptoms often change rapidly when a patient is dying. Commonly occurring symptoms include pain, nausea and vomiting, respiratory tract secretions, restlessness and/or agitation. All can be managed with drugs

Continued on page 18 ►

families and out-of-hours nursing teams.

It can also cause distress within normal working hours, as precious time is spent obtaining a prescription and getting it dispensed. Who needs the added pressure of worrying about poor symptom control and chasing round for prescriptions in the precious last days or hours of a person's life, meanwhile leaving the patient in pain or with unmanaged symptoms while this is going on?

A proactive approach by the palliative care or primary care team can help prevent unnecessary distress by anticipating the need to manage these commonly occurring symptoms. Drugs used for symptom management include those on Vera's prescription. If Vera developed any symptoms during the final phase of her illness, she may be too weak to swallow tablets or may need a more rapid response to that achieved by oral medicine, or she may be vomiting or nauseous. Hence the need for injectable medicines, just in case.

The lack of urgency for Vera's prescription items suggests that, although Vera is not yet in the final phase of illness, she is probably seriously ill and the team is looking ahead. If she has been having active curative treatment (such as chemotherapy or radiotherapy), it may no longer be working or appropriate. Vera's doctor has prescribed these drugs just in case they are needed if her condition deteriorates suddenly.

Cyclizine: as an anti-emetic

Cyclizine, an antihistamine acting on the vomiting centre in the brain, is a useful anti-emetic in palliative care, given in doses of 50mg up to three times daily. Cyclizine is effective for many causes of vomiting, including that occurring as a side effect of opioids.

Other anti-emetics for use in palliative care include:

- **Metoclopramide:** this is sometimes used, usually up to 10mg three times daily, but doses can exceed this. It is useful in terminal care, especially as it can be given parenterally where there is gastric irritation or delayed gastric emptying.

- **Haloperidol:** this may be used, usually in low doses such as 2.5mg. Although no formal clinical trials have been conducted and its use for this indication is off-licence, clinical experience



Palliative care for the terminally ill can encompass a range of approaches, from medication to counselling the patient and family members

over many years indicates that it is useful for most chemical causes of vomiting, for example opioid-induced vomiting, renal failure and in hypercalcaemia. A starting dose is 1.5mg immediately and again at night. The usual dose is then up to 3-5mg at night.

- **Levomopromazine:** this is an effective anti-emetic in low doses, for example, 6-12.5mg by injection. It is useful in vomiting from a variety of causes and, although it tends to be used as a second or third-line anti-emetic when other drugs have failed to produce a response, some doctors and specialist nurses like it because of its broad spectrum. When used as a first-line anti-emetic the smaller dose (6mg) is usually adequate. It is generally more sedative than the other anti-emetics, and in larger doses it is used for agitation (see below).

Glycopyrronium: for terminal secretions

Glycopyrronium (glycopyrrolate) is an antimuscarinic anti-secretory drug that can reduce respiratory tract secretions in dying patients.

'Death rattle' is a term sometimes used for the rattling sound resulting from build up of respiratory secretions. It is usually seen only in weak patients close to death, and may occur in around one third to half of dying patients. Although it is not usually a problem for the patient concerned, it is often distressing for relatives and for other patients in close proximity. Reassurance for relatives and others that the patient is unlikely to be suffering may be all that is required.

If administered, glycopyrronium (and other drugs for death rattle, see below) should be given promptly because they do not affect existing secretions, but instead help to prevent

production of further secretions.

Other drugs used for terminal secretions include hyoscine hydrobromide and hyoscine butylbromide.

Glycopyrronium is a synthetic antimuscarinic ionised quaternary ammonium drug. It is less likely to cross the blood-brain barrier than is hyoscine hydrobromide, so rarely causes sedation or delirium. Some doctors prefer to use glycopyrronium rather than hyoscine hydrobromide for this reason. Repeated administration of hyoscine hydrobromide can lead to cumulation and sedation – and this sometimes leads to paradoxical agitation.

By injection, glycopyrronium is two to five times more potent than hyoscine hydrobromide as an antisecretory agent, and may be effective in some patients who fail to respond to hyoscine. However, the efficacy of hyoscine hydrobromide, hyoscine butylbromide and glycopyrronium is generally similar, with death rattle reduced in around a half to a third of affected patients.

Doses of glycopyrronium used for terminal secretions are:

- 200mcg to 400mcg as a first dose given subcutaneously
- 1,200mcg given over 24 hours by continuous subcutaneous infusion
- 400mcg given subcutaneously prn

Midazolam: for restlessness

Midazolam is a benzodiazepine more usually used as an anaesthetic induction agent, as a sedative for minor procedures, or sometimes as an anticonvulsant.

In palliative care it has been found useful as a sedative for the treatment of terminal restlessness

or agitation, although this is not a licensed use. It is also useful as an anticonvulsant for patients at risk of fitting, for example as a result of uraemia or cerebral tumours. It is usually given by subcutaneous injection or by continuous infusion (CSCI) using a syringe driver.

Midazolam is a short-acting water soluble benzodiazepine that is usually compatible with other drugs commonly given by CSCI via a syringe driver.

Prescribed prospectively, typical doses might be 5-10mg subcutaneously in case of need. Doses can be repeated half-hourly until the patient is settled. A suitable maintenance dose is 10-30mg given over 24 hours by continuous infusion.

In terminal agitation, if the patient does not settle on 30mg/24hours, an antipsychotic such as haloperidol or levomepromazine might be tried before further increasing the dose of midazolam.

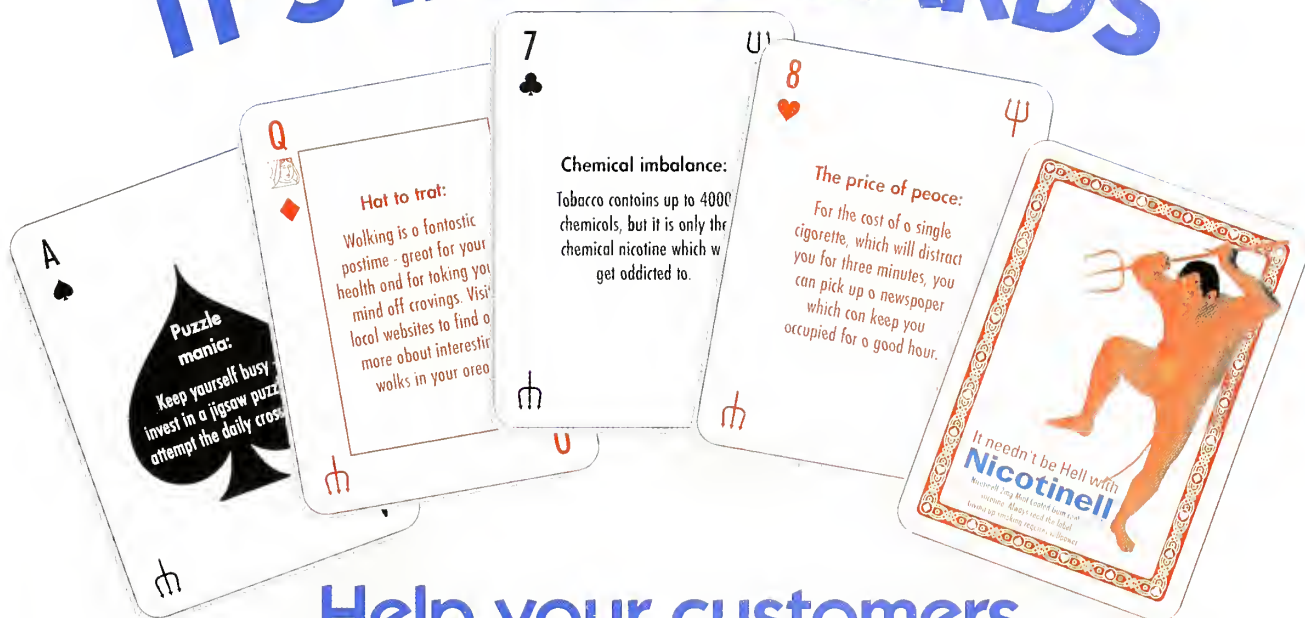
Diamorphine: for pain

Diamorphine is the drug of choice for severe pain in the terminal phase. Its use was considered in an earlier *Pharmacy Update* (C&D, September 25, 2004). Its greater solubility compared with morphine makes it the drug of choice for subcutaneous injection.

As far as we know, Vera's pain seems to be well managed with an NSAID (diclofenac) and paracetamol. Should she deteriorate she is likely to need only a low dose of diamorphine for pain control because she is elderly and because she has not been taking strong opioids to date.

Continued on page 20 ►

IT'S IN THE CARDS



Help your customers to quit this New Year...

with your free packs of Nicotinell **It Needn't Be Hell** Motivational Playing Cards

New Year marks a time when many smokers make the resolution to quit. With the smoking cessation sector buoyant and worth over £80 million, the pharmacy sector has a vital role to play when it comes to helping customers give up smoking in providing support, encouragement and advice as to the best smoking cessation treatment for their individual needs.

Nicotinell, for many years, has been at the forefront in supporting pharmacists and customers through innovative NRT products, point of sale, merchandising units and sponsorship of the QUIT Awards.

2005 is no exception. In a major marketing initiative to support pharmacy and those wishing to quit at the beginning of the year, and

with the run up to No Smoking Day on March 9 2005, **Nicotinell** has come up with the ideal answer to keep focused on 'quitting' and to keep hands occupied when the temptation to light up arises.

The 'It Needn't Be Hell' limited edition playing cards are a complete deck of colour, full suit playing cards offering 52 stop smoking messages and supportive hints and tips to help with your customers new-found resolve.

So a daily shuffle of the cards could help reinforce their decision to 'quit' and act as a reminder of all the good reasons why. There's a quitter's message on each card – that's one for each week of the year plus two joker messages.

To ensure your customers get ahead of the quitting game **Nicotinell** are offering 100 pharmacies the opportunity to obtain 50 packs each of 'It Needn't Be Hell' playing cards for their customers **FREE**. Simply write to Nicotinell Playing Cards, Freepost RCC2688, Novartis Consumer Health, Wimblesbury Road, Horsham, West Sussex RH12 5AB or phone the Novartis Customer Care helpline on 01403 218111.

For additional help and advice on quitting phone the Nicotinell Helpline on 0800 917 3333.

Nicotinell – the range

Nicotinell offers a range of convenient NRT formats which are pleasant to use including patches, lozenges and the widest range of flavoured coated gums – helping consumers double their chances of successfully quitting, compared to willpower alone.

Nicotinell is the only brand to offer a range of flavoured coated gums close to the taste of conventional gum. The improved taste and appearance has proved popular with users – resulting in significant market growth of 54 per cent year on year (IRI Data MAT October 04 Chemists).



The **Nicotinell** lozenge range is available for self selection and is currently the fastest growing lozenge in pharmacy (+27%). This discreet oral format provides immediate action against cravings.

The sugar-free mint flavoured lozenges are available in Regular Strength (1mg) for the light smoker and Extra Strength (2mg) for heavy smokers – both in packs of 12s, 36s and 96s.

Nicotinell patches provide round-the-clock support, useful for night and morning.

NICOTINELL® TTS 10, 20, 30, NICOTINELL® FRUIT, MINT & LIQUEURICE 2MG & 4MG CHEWING GUM NICOTINELL® MINT 1MG & 2MG LOZENGE nicotine. Presentations: Transdermal patch containing nicotine, available in three sizes (30, 20 and 10cm) releasing 21mg, 14mg and 7mg of nicotine respectively over 24 hours. Nicotine chewing gum containing 2mg and 4 mg nicotine, in fruit, mint and liqueurice flavours. Mint flavoured nicotine lozenge containing 1mg and 2mg nicotine. Indications: Treatment of nicotine dependence, as an aid to smoking cessation. Dosage and Administration: Stop smoking completely when starting treatment. Patch: For those smoking 20 or more cigarettes a day Nicotinell TTS30 (Step 1) once daily. Those smoking less should start with Nicotinell TTS20 (Step 2) once daily. Different strength patches permit a stepwise reduction in nicotine dose over treatment periods of 3-4 weeks with each strength patch. Maximum recommended treatment period three months (but if abstinence not achieved after three month period, further treatment may be recommended following a re-evaluation of the patient's motivation by a clinician) Gum: One piece of gum to be chewed when the user feels the urge to smoke. Normally, 8-12 pieces per day, up to a maximum of 25 pieces of 2mg gum per day or 15 pieces of 4mg gum per day. After 3 months, the user should gradually cut down the number of pieces chewed

Lozenge: One lozenge to be sucked when the user feels the urge to smoke. Normally, 8-12 lozenges per day, up to a maximum of 30 pieces of 1mg lozenge per day or 15 pieces of 2mg lozenges per day. After 3 months, the user should gradually cut down the number of lozenges sucked. The higher strength gum or lozenge is used for those with a strong nicotine dependency. Children and young adults: To be used in people under 18 years only on medical advice. Contra-indications: Non smokers, occasional smokers. As with smoking, Nicotinell is contra-indicated during acute myocardial infarction, unstable or worsening angina pectoris, severe cardiac arrhythmias, recent cerebrovascular accident, skin diseases preventing patch application and known hypersensitivity to any of the excipients. Precautions: Hypertension, stable angina pectoris, cerebrovascular disease, occlusive peripheral arterial disease, heart failure, hyperthyroidism, diabetes mellitus, renal or hepatic impairment, peptic ulcer, fructose intolerance (gum only), pheochromocytoma (gum & lozenge only). Discontinue use if persistent skin reaction occurs when using the patch. Pregnancy and lactation: To be used only on medical advice except liqurice which is contra-indicated. Side Effects: Events which may be related to smoking cessation include headache, sleep disturbances, gastro-intestinal disturbances, and myalgia. Nicotine Patches: most common adverse effects are reactions at the application site (usually erythema or

pruritus). Nicotine Gum & Lozenge: May cause throat irritation, laryngospasm, nausea, indigestion or heartburn. Legal Category: GSL. Product Licence Nos., Trade Price and Suggested Retail Price. Nicotinell TTS10 (PL 0030/0107) in packs of 7 patches: £9.11, £15.99. Nicotinell TTS20 (PL 0030/0108) two day starter pack £2.56, £4.50 7 patches: £9.40, £16.49. Nicotinell TTS30 (PL 0030/0109) two day starter pack £2.84, £4.99, 7 patches: £9.97, £17.49 and 21 patches: £24.51, £42.99. Nicotinell Fruit 2mg Chewing Gum (PL 0030/0162) and Nicotinell Mint 2mg Chewing Gum (PL 0030/0164) in packs of 12 £1.59, £2.79, packs of 24 £3.01, £5.29 and packs of 96 £8.26, £14.49. Nicotinell Liqueurice 2mg (PL 0030/0166) in packs of 24 £3.01, £5.29 and packs of 96 £8.26, £14.49. Nicotinell Fruit 4mg Chewing Gum (PL 0030/0163) and Nicotinell Mint 4mg Chewing Gum (PL 0030/0165) in packs of 12 £1.70, £2.99 and packs of 24 £3.30, £5.79 and 96 £10.25, £17.99. Nicotinell Liqueurice 4mg Chewing Gum (PL 0030/0168) in packs of 24 £3.30, £5.79 and Nicotinell Liqueurice 4mg Chewing Gum (PL 0030/0169) in packs of 24 £3.30, £5.79 and Nicotinell Mint 1mg Lozenge (PL 0030/0146) in packs of 12 £1.70, £2.99, packs of 36 £4.27, £7.49 and packs of 96 £9.11, £15.99. Nicotinell Mint 2mg Lozenge (PL 0030/0202) in packs of 12 £1.99, £3.49, packs of 36 £4.49 and £8.69 and packs of 96 £10.60, £18.59. PL Holder: Novartis Consumer Health Horsham, RH12 5AB. Date of Preparation: August 2003

What should you remember to dispense?

Diamorphine is supplied as a dry powder ampoule needing reconstitution with Water for Injection (WFI) before use. It is important to remember that:

- WFI should be dispensed automatically with prescriptions for diamorphine injection – the doctor does not need to write this on the prescription.
- The Prescription Pricing Authority will reimburse the WFI ampoule supplied, provided you endorse the prescription with the size given. Ampoule size requirements will vary according to how the diamorphine is to be given – as a stat dose, 1ml or 2ml is suitable. However, if the diamorphine is to be given via a syringe driver, a larger size ampoule of WFI may be required. Many syringe drivers use 10ml or 20ml syringes so 10ml ampoules of WFI may be appropriate. It is always best to check with the doctor. In Vera's case you could ask the district nurse when she returns to collect the dispensed items.

What about oxycodone injection?

Oral oxycodone preparations are becoming more widely used in severe pain and, more recently, oxycodone injection is becoming prescribed in the community.

Given orally, oxycodone is roughly twice as strong as oral morphine, but given parenterally the potency of oxycodone is similar to that of diamorphine.

Note that for patients converting from oral oxycodone to the injectable form, their parenteral dose should be half that of their oral medicine.

Syringe drivers

Syringe drivers provide a method of delivering a continuous subcutaneous infusion (CSCI) of a small dose over a fixed period, usually 24 hours. This helps to avoid fluctuations in drug plasma levels and so

Patient number two

James has been taking prescribed opioids for some time for his cancer pain, and his needs have increased so that currently he takes modified-release morphine tablets 100mg twice daily.

The district nurse brings in a prospective prescription for injections to have in the house in case he was to deteriorate. The prescribed items were exactly the same as those prescribed for Vera. What would you do?

You should contact the prescriber. If James is currently taking 200mg of morphine in 24 hours (plus any immediate-release morphine for breakthrough pain) he will need a higher dose of diamorphine for continuous subcutaneous infusion (about 70mg in 24 hours). Although a stat dose of 10mg diamorphine might be appropriate, James would need 70mg over 24 hours in a syringe driver and one box of five ampoules will be insufficient. The benefits of prospective prescribing will be lost.

Patient number three

Roger had been taking a very high dose of morphine for severe pain caused by a rare tumour, with uncertain prognosis. From time to time, he would have a pain crisis and his doctor had prescribed appropriate doses of diamorphine to reflect his morphine dose, in case of need. A couple of months ago Roger had some radiotherapy. Although not curative, it was successful in reducing the tumour and hence the associated pain. For a while, Roger no longer needed opioids, but gradually some degree of pain returned, though much less than before and Roger was restarted on strong opioids at a much lower dose.

What the care team needs to consider

Roger may still have his former emergency drugs in the house, relating to his earlier high opioid needs. This should be urgently reviewed and changed: if he has a flare up, or starts to deteriorate, there is a risk that a doctor or nurse on duty might inject a dose of diamorphine relating to his former needs and Roger could die of respiratory depression.

reduces the likelihood of side effects caused by peak doses.

Although syringe drivers are associated with, and used in, palliative care, not all patients entering the final phase of their illness will automatically need CSCI. A syringe driver may, however, be useful in providing continuous infusion in those patients who respond to medicines to control symptoms at the end of life.

The appropriate dose of medication for the relevant symptom(s) should be given before setting up the driver. The purpose of a syringe driver is to maintain ongoing symptom control once the patient is

comfortable and it is not suitable for the rapid symptom management of a distressed patient.

All patients on syringe drivers should also be prescribed PRN medicines in case of need.

Thinking ahead and prescribing and dispensing small quantities of relevant drugs (enough to cover a weekend or bank holiday) in appropriate doses can improve symptom control in the final phase of terminal illness, and can help to avoid distress for patients and carers at this important time in a person's life. The small cost of the drugs involved is more than offset by the otherwise necessary costs of

hospital or hospice admission if the necessary drugs (and the prescriptions to provide for them) aren't easily available, especially outside normal working hours.

Information sources:

1. *The Palliative Care Formulary*. (Second edition). Tynycross et al 2003. Radcliffe Medical Press.
2. www.palliativedrugs.com
3. *The British National Formulary*, current edition, section on *Prescribing in Palliative Care*.

Mary Allen is a part-time community pharmacist and hospice pharmacist in Herts.

Actionplan

1. Re-read the palliative care section in the *British National Formulary*. Pay particular attention to the "miscellaneous conditions" section.
2. In your practice workbook list any other medical conditions for which doctors may prescribe "anticipatory drugs". What happens to the drugs if they are not used? Do you give advice on this aspect?
3. In your practice workbook make a list of "emergency" drugs, other than antibiotics and minor analgesics, you think all GPs should have readily available (either at their practice or in their bag).
4. What drugs do you stock for doctors to use in an emergency? For example, do you stock a morphine-based analgesic, a corticosteroid, and adrenaline and atropine injections? Do you think you should?
5. Do you stock the drugs listed in the prescription for Mrs Foster? If not, should you?
6. Get your local GPs to check the drugs in their bags/practice are in date.
7. Depression frequently accompanies serious illness. What is your role in providing help to the patient, their family and others socially involved?

Distance learning for pharmacists

Pharmacists using **Pharmacy Update** for continuing education are reminded of the need to test. With the support of Genus Pharmaceuticals, C&D's readers can self-test their progress by using the multiple choice question (MCQ) paper to be inserted in the February 5 issue, which will cover this week's CPP-accredited module, together with that in the January 22 issue. These will cover:

- **Terminal care case study (1325)** ● **Liver problems (1326).**

A telephone marking service offers independent verification of results – details on the monthly MCQ papers.

People wanting to register for Pharmacy Update can contact Mary Prebble on 01732 377269.

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GENUS PHARMACEUTICALS

THE BEST SELLING MEDICINE FOR COUGHS AND CARS, HANDBAGS, TRAIN JOURNEYS, AT THE CINEMA, WORK, WALK IN THE PARK...

IRI 02.Oct 04

CUT HERE



Now your customers can have fast, effective Benylin relief to hand whenever they need it, wherever they are. Benylin Chesty Coughs Non Drowsy now comes in the ultimate portable form – unique single-dose liquid sachets, available for adults and children. It's a product with year-round appeal, so be sure you can meet the demand. **Nothing is more effective without prescription.**

Benylin Chesty Coughs (Non-Drowsy) Product Information: Presentation: Syrup containing 100 mg Guaifenesin and 11 mg Levomenthol per 5 ml. For the symptomatic relief of acute and chronic coughs, whether dry or productive, and for relief of colds. 10 ml four times daily, children aged 6-12 years: 5 ml four times daily, children under 6 years not recommended. Contraindications: Known hypersensitivity. Precautions: Do not use for persistent cough e.g. asthma, caution in severe renal or hepatic impairment. Pregnancy and Lactation: Consult doctor before use. RRP (ex-VAT): 125 ml bottle £3.29, 10x5ml sachets £3.29. Legal category: GSL. PL Holder: Pfizer Consumer Healthcare, Walton-on-the-Hill KT20 7NS. PL Number: 15513/0056. Date of preparation: July 2004. Benylin Chesty Coughs (Non-Drowsy) Sachets: Presentation: Solution containing 50 mg Guaifenesin per 5 ml. Uses: The symptomatic relief of productive coughs. Dosage: Children aged 6-12: 10 ml 4 times daily, age 1-5 years: 5 ml 4 times daily, not recommended for children under 1 year. Contraindications: Known hypersensitivity. Precautions: Do not use for persistent cough e.g. asthma, caution in severe renal or hepatic impairment. Pregnancy and Lactation: Not applicable. RRP (ex-VAT): 125 ml bottle £3.29, 10x5ml sachets £3.29. Legal category: GSL. PL holder: Pfizer Consumer Healthcare, Walton-on-the-Hill KT20 7NS. PL No.: 15513/0052. Date of preparation: November 2004.

Pharmacy

Pharmacy Update – continuing education for pharmacists and pharmacy technicians

Update Knockout is back in 2005 with **£5,000** in prize money. Sign up to the online continuing education course before January 31 and you could profit from your learning with a prize of **£1,000** or **£2,000**.

- Complete the Update question papers each month
- Get one question wrong and you are knocked out
- Keep a clean sheet up to the eliminator stage and you will be registered **free of charge** for Update 2006
- Get top marks in the eliminator papers in 2005 and you could win either first prize of **£2,000** or second prize of **£1,000**

Join the GENUS challenge!

Genus Pharmaceuticals, sponsor of Pharmacy Update, has set pharmacists a CPD 'charity challenge' for 2005.

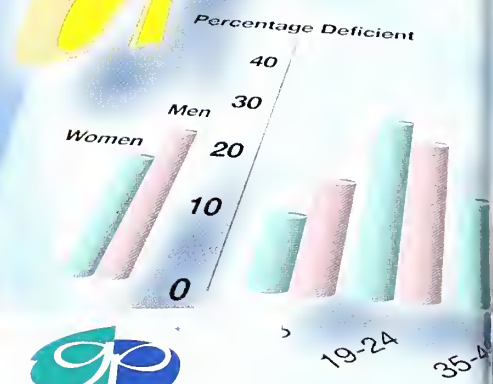
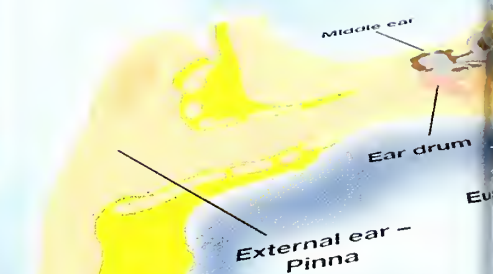
- If 1,000 pharmacists sign up to Update in 2005 Genus will donate **£2,000**
- If 1,500 pharmacists sign up to Update in 2005 Genus will donate **£5,000**
- If 2,000 pharmacists sign up to Update in 2005 Genus will donate **£10,000**

The donation will go to the charity listed on the website which receives the most votes from pharmacists and pharmacy technicians who have signed up to the challenge.

For more information on the challenge visit www.genuspharm.co.uk

Pharmacy Update is a continuing education course for pharmacists and pharmacy technicians. It is a free of charge course that can be completed at any time and from anywhere.

For more information on the course visit www.pharmacyupdate.co.uk



GENUS PHARMACEUTICALS

Update**Knockout** is supported by Genus Pharmaceuticals.

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Update 2005

Put Pharmacy Update in your CPO portfolio for 2005

Register for the New Year Deal 2005

- Save £45 on your 2005 registration fee at £30
- Automatic entry to the Pharmacy Update 2005 with £5,000 in prize money

Register now

Pharmacy Update 2005 - The New Year Deal

- Over 20 hours of CPD
- Access to C&D telephone helpline for help with registering your details and checking your results
- If you miss a module or question paper, visit www.dotpharmacy.co.uk and it will be there
- Northern Ireland pharmacists will have their registration fee paid for

Register for Pharmacy Update 2005. It couldn't be simpler:

- Complete the coupon below and post with your cheque to Mary Prebble, Pharmacy Projects, CMP Information, Sovereign way, Tonbridge, Kent TN9 1RW.
- Pick up the phone to pay by credit or debit card. Call Mary Prebble on **01732 377269**

Return this completed coupon and your cheque to Mary Prebble, Pharmacy Projects, CMP Information Ltd, Sovereign House, Sovereign Way, Tonbridge, Kent TN9 1RW.

☐ Please register me for Pharmacy Update in 2005. I am taking advantage of the New Year deal to register before January 31, 2005. I enclose a cheque payable to CMP Information for £25

☐ Tick this box if you are registering for Pharmacy Update before January 31, 2005, but DO NOT want to be automatically entered for Update Knockout 2005

☐ I am a pharmacist registered and practising in Northern Ireland and wish to register under the NICPPET scheme (do not send a cheque). My PSNI registration number is: _____

Name _____

Address _____

Postcode _____

Signature _____ Date _____

Daytime phone number _____

E-mail address (if available) _____

The Genus Challenge - Vote for the charity of your choice. Which charity would you like to support? (see above): ☐ TB Alert ☐ Shelter

☐ RPSGB Benevolent Fund

☐ Great Ormond St Hospital Children's Charity

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2004

Module No

1291	Obesity	January 3
1292	Phenytoin case study	January 10
	Colorectal cancer	January 17
	Treatment of colorectal cancer	January 24
1293	Baby and child development part 6	January 31
	Nasal congestion	February 7
	Malignant melanoma	February 14
1294	Lupus	February 21
1295	Drug hypersensitivity	February 28
1296	Post-myocardial infarction	March 6
1297	Hyperkalaemia	March 13
	Skin lesions	March 20
1298	Cystic fibrosis part 1	March 27
1299	Cystic fibrosis part 2	April 3
1300	Parkinson's disease part 1	April 10
1301	Parkinson's disease part 2	April 17
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1308	Coming off SSRIs	July 10
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1316	Controlled Drugs	September 25
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	Cannabis in MS	October 30
1320	Atrial fibrillation	November 6
	CYP enzymes part 2	November 13
1321	Calcium	November 20
1322	Menstruation	November 27
1323	Ear wax	December 4
1324	Magnesium	December 11
	Mistletoe and Horse chestnut	December 18/25

Benzoyl peroxide is best for acne

Benzoyl peroxide lotion is as effective as prescription oral antibiotics in treating mild to moderate acne, claim UK researchers.

Modified release minocycline, the most expensive treatment, was found not to be superior to the other medications used in the study. Patients received an oral placebo and a topical medication or an oral medication and a topical placebo from: oral 500mg oxytetracycline twice daily; oral 100mg minocycline modified release once daily; 5 per cent benzoyl peroxide twice daily; 5 per cent benzoyl peroxide twice daily and 3 per cent erythromycin twice daily; 2 per cent erythromycin in the morning and 5 per cent benzoyl peroxide in the evening.

The 650 patients kept daily record cards to monitor compliance and were followed for 18 weeks. Patients who received topical erythromycin regimens reported the most improvement

but this was not statistically higher than other regimens. Most of the improvement was seen in the first six weeks of treatment, and after 18 weeks patients on all regimens reported similar improvements. However, there were significant differences in the costs for each regimen. Costs ranged from £5.76 for 18 weeks' worth of treatment with 5 per cent benzoyl peroxide to £105.69 for the same period with modified release minocycline.

Researcher Professor Hywel Williams from Queen's Medical Centre, Nottingham, said: "Differences in cost-effectiveness between regimens were large; the cheapest treatment (benzoyl peroxide) was 12 times more cost-effective than minocycline. We found that clinical efficacy of oral tetracyclines is compromised by pre-existing propionibacterial resistance. By contrast, topical regimens that included erythromycin and benzoyl peroxide were unaffected by resistance but were not superior to benzoyl peroxide alone."

For more information:

The Lancet 2004; 364: 2188-95

Scriptlines

Glucophage SR

Merck Pharmaceuticals will launch Glucophage SR 500mg, a prolonged release metformin formulation to be taken once daily.

Glucophage SR will be available in two blister pack sizes of 28 and 56 tablets. The normal starting dose is 500mg once daily, which can be adjusted after 10 to 15 days on the basis of blood glucose measurements. The maximum recommended dose is four tablets daily. Dose increases should be made in increments of 500mg every 10-15 days, according to the SPC.

Patients already receiving metformin tablets should receive a starting dose of Glucophage SR equivalent to the daily dose of metformin immediate release tablets. Patients transferring from another oral antidiabetic agents should discontinue the previous medication and start Glucophage SR at the usual starting dose.

For more information:

See Price List

children two years old and above, Norgine has announced.

Initial dosage is one sachet per day for children aged two to six years and two sachets per day for children aged seven to 11. The dose can be increased if necessary. The company says Movicol Paediatric Plain is the only oral treatment licensed to treat both faecal impaction and constipation in children over two.

For more information:

Norgine

Tel: 01895 826600

SMA Staydown

SMA Staydown has been approved by the Advisory Committee for Borderline Substances for reimbursement on prescription.

SMA Staydown has received ACBS approval for treating infants with significant reflux disease for a treatment period not exceeding six months. It should not be used with a thickener or antacid product.

Price: £5.74

Pack size: 900g

Pip code: 286-7588

SMA Nutrition

Tel: 01628 660633

Pharmaton adds fizz to sales

Boehringer Ingelheim is launching Pharmaton effervescent tablets for consumers with hectic and stressful lives.

Pharmaton Activit G is a refreshing and rehydrating orange drink that comes in a fizzy-tab form.

It contains ginseng G115 (a herbal extract from panax ginseng) to help the body's utilisation of vital oxygen and improve its energy production capacity. The tablets also include selenium, iron, calcium, magnesium, folic acid, copper and vitamins A, B₆ and B₁₂, C, D and E.

The product is formulated to help maintain mental and physical performance and



sustain energy and concentration.

The launch will be supported by a national advertising campaign.

Price: £3.99 (10s), £7.25 (20s)

Pip code: 309-2939 (10s), 309-2947 (20s)

Boehringer Ingelheim Ltd

Tel: 01344 424600

Zocor Heart-Pro now on TV

A television campaign for Zocor Heart-Pro (simvastatin 10mg) hit the airwaves during the Christmas break. This is the first television advert to show a medicine that can reduce the risk of a heart attack.

There are two versions of the advert, which runs until January 23 on Channel 4, five and ITV in the north of England. One is targeted at men of 45 years or over, and the other at women 55 years and over. They focus on the fact that ageing increases the risk of heart disease, and that combined with an additional risk factor, turning 45 or 55 increases the risk of a heart

attack to one in seven in the next 10 years.

Viewers see two typical middle-aged adults, Jill and Nick, who are a bit overweight. McNeil (formerly Johnson & Johnson.MSD) believes many viewers will be able to identify with these people and come to realise their own level of risk.

McNeil has also produced point of sale material for pharmacies:

- large, heart-shaped mobiles for ceilings and/or windows
- a large three-dimensional dummy pack
- a leaflet dispenser and leaflets.

"We are committed to ensuring pharmacists have enough support in order to educate their customers of the benefits of Zocor Heart-Pro and TV advertising is another mechanism to achieve this," says Caroline O'Dwyer, Zocor Heart-Pro marketing manager.

For more information about the PoS material, contact the McNeil Pharmacy Support line on 0800 032 8258 or e-mail pharmacysupport@mcneilhealth.co.uk.

For more information:

McNeil Ltd

Tel: 01494 450778

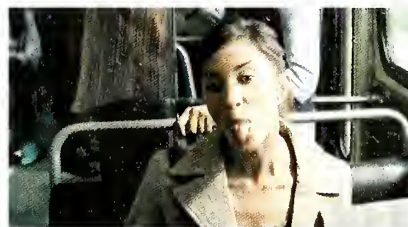


Put your tongue out to Aquafresh

The Aquafresh Tooth & Tongue toothbrush is making its TV debut in the UK with a £1 million national campaign.

On air for a month until early February, the commercial features a young woman and a little boy who sticks out his tongue.

The advertising highlights the fact that the tongue is a major



source of bacteria and ends with the strapline: 'Take the feeling of clean to the extreme.'

Although

this is the first UK screening of the commercial, it has already been successfully shown in Europe.

For more information:

GlaxoSmithKline Consumer Healthcare
Tel: 0845 762 6637

Breaking news from Pantene

Procter & Gamble is introducing an 'anti breakage' line into its Pantene Pro-V range.

The Pantene Anti Breakage range is specially designed to protect the hair. P&G says nearly two thirds of the UK population believe their hair to be damaged.

The range comprises shampoo, conditioner, an intensive treatment for protection against breakage, a hot cream treatment sachet, a penetrating conditioning treatment

and a leave-in heat protection cream to protect the hair against the drying effects of blow drying and straighteners.

The launch will be supported by a £5 million marketing spend including TV and print advertising and in-store promotions and activity in April.

Price: from £0.99 to £3.99

Pip code: see January Price List

Procter & Gamble UK

Tel: 01932 896000

Benylin 4Flu Monitor

Brought to you by Benylin®

Benylin

KEY FACTS

- All cities are now on alert status
- Almost 6 million people (10.8% of the population) will be suffering from a respiratory illness, which is the highest number reported this season
- Coughing and sore throat remain the most prevalent symptoms, with nasal congestion, chest congestion and runny nose also widespread

Jan 8

Cities on Alert

Glasgow, Newcastle, Leeds, Manchester, Birmingham, Norwich, Bristol, London

Benylin 4Flu Liquid

To relieve...

- fever
- body aches
- nasal congestion
- cough

...the 4 main symptoms of flu

4Flu Liquid

The all-in-one to relieve the 4 main symptoms of flu: fever, body aches and pains, nasal congestion and coughing – nothing is more effective without prescription

Visit www.coughandcoldadvice.com for more information

Further information is available from Pfizer Consumer Healthcare
Walton-on-the-Hill, Surrey. KT20 7NS

Chemist Druggist 1/8 January 2005 25

CD

Elastoplast strikes silver

Beiersdorf is launching a range of plasters and dressings designed to reduce the risk of wound infection.

Adapted from hospital dressings used to treat acute wounds, Elastoplast Silverhealing plasters and dressings contain metallic silver under a polyethylene net. Upon contact with moisture in wounds, silver ions are released which destroy bacteria and fungi by damaging cell membranes, disabling enzymes and inhibiting DNA replication. These actions optimise wound healing by minimising the spread of, and protecting wounds from, infection.

Hypoallergenic and eliminating

the need for antiseptic use, Elastoplast Silverhealing is available as fabric, waterproof or sensitive strips for small cuts and abrasions, and as sensitive adhesive dressings for larger wounds.

The launch is being supported by a £1 million campaign including TV advertising in April.

For more information:

Prices, pack sizes and pip codes: fabric strips 10s £1.75 (312-9061), aqua protect 10s £2.45 (312-9046), sensitive strips 10s £1.95 (312-8980), sensitive adhesive dressings 5s £3.69 (312-9004) Beiersdorf UK Ltd
Tel: 0121 329 8800

Haliborange Omega-3 campaign

Seven Seas is starting the new year with its biggest ever communications programme for Haliborange Omega-3.

The £2.5 million campaign builds on the success of 2004 with heavyweight television advertising. The 'Fintastic' adverts use computer animation to depict an underwater scene with an



orange fish character promoting the product as the best tasting Omega 3 for children. Adverts run through to March on

GMTV, ITV2, Channel 4 and satellite channels.

For more information

Seven Seas Health Care Ltd
Tel: 01482 375234

Multibionta back on TV

The second phase of the £3.5 million television advertising for Advanced Formula Multibionta hit the airwaves this week.

Seven Seas says the autumn airing of the advert was highly successful. This time round the advert will run until March on Channel 4, E4, satellite stations and MTV music channels.

The campaign targets new customers who lead hectic and busy lifestyles. It features a busy



woman in her 30s and ends with the slogan: "Multibionta - puts back what life takes out."

For more information:

Seven Seas Health Care
Tel: 01482 375234

Head & Shoulders makes waves with Ocean Energy

Procter & Gamble is adding a sea mineral variant shampoo to its Head and Shoulders range on January 15.

Head & Shoulders Ocean Energy anti dandruff shampoo contains Dead Sea salt, seaweed and kelp extracts.

It has a lightweight formula to add extra body and volume to the hair, leaving it full, manageable and dandruff-free.

The product is targeted at men and women who have either dandruff or a dry/itchy scalp.

The launch will be supported by a £5 million marketing spend including TV and print advertising. In-store activity and promotions for the new variant are scheduled for May.

Price: £1.79 (200ml); £3.44 (400ml)

Procter & Gamble UK
Tel: 01932 896000

'Soothahero' sells Soothagel

GR Lane is spending £700,000 promoting its new acquisition, the protective gel for mouth ulcers, Soothagel.

Television advertising runs until February 14 on GMTV and uses a cartoon superhero format. A five-week national press advertising campaign carrying on the theme will then start on March 7.

"We were keen to come up with a striking ad that instantly portrayed the way in which Soothagel works and how it combats ulcer pain," says Lane's marketing manager David Cole.

For more information:

GR Lane
Tel: 01452 507458

TV

Basset's Soft & Chewy Vitamins: GMTV, Sat

Benylin All areas

Bisodol: Sat

Breathe Right nasal strips: GMTV

Covonia: B, G, Y, HTV, CAR, TT, five, GMTV, Sat

Haliborange Omega 3 for Kids: C4, GMTV, Sat

Just For Men: All areas

Lemsip Max Cold & Flu Lemon: All areas except CTV

Lemsip Cold & Flu Sinus 12hr: All areas except CTV

Lemsip Max Sinus All-Night Decongestant spray: All areas except CTV

Meltus: five, GMTV, Sat

Multibionta: C4, Sat

Nicorette: All areas except U, GMTV

NiQuitin: All areas except U, GMTV

Olbas for Children: five, GMTV

Olbas range: five, GMTV, Sat

Palmer's Cocoa Butter Formula: C4, Sat

Scholl Flight Socks: GMTV

Seabond: All areas

Setlers: five, GMTV

Soothagel: GMTV

Sudafed: All areas except U, GMTV

Volstarol Emugel P: B, G, Y, C, A, HTV, W, M, LWT, TT

Zocor Heart-Pro: TT, C4, five

PharmaSite for next week: NiQuitin - window, NiQuitin - in-store, Vicks Medinite - dispensary

A-Anglia, B-Border, C-Central, C4-Channel 4, Five-Channel 5, CAR-Carlton, CTV-Channel Islands, G-Granada, GMTV-Breakfast Television, GTV-Grampian, HTV-Wales & West, LWT-London Weekend, M-Meridian, Sat-Satellite, STV-Scotland (central), TT-Tyne Tees, U-Ulster, W-Westcountry, Y-Yorkshire



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TEVA

Too much festive feasting may have left you wondering how healthy you really are. Numark helped answer that question for the **C&D** team when it offered to screen 15 of us and demonstrate its Coronary Heart Check programme



Vital statistics

It was Numark which threw down the gauntlet: would we, a group of people not necessarily associated with healthy living (since when did anyone in publishing refuse a drink or a free meal?) like to know how our bodies were coping? And as an extra incentive, would we like to compare *C&D* to those working at Numark head office?

"Yes, of course," we said, with people signing up straight away. The 'willing victims' could be split into two main types – those who had an idea of how healthy they were and wanted confirmation, and those who wanted professional advice on how to improve their lifestyle.

Less selfishly, it was an opportunity to see the range of services that can be offered through the Numark Coronary Heart Check programme. This uses the screening procedures developed by Health Diagnostics Ltd which have been adapted for the community pharmacy setting. It was also a demonstration of how pharmacists wanting to expand their presence in the community could take the service out to local businesses, for example to run a clinic for office workers or in a gym.

While the words 'cholesterol test' may be a beacon to attract custom, the personal health profile that results after spending 20–30

minutes with the pharmacist covers a much wider assessment of lifestyle and coronary risk, including looking at the potential for developing diabetes. And while not part of the coronary heart check programme, some of us were tested for the likelihood of developing osteoporosis, another service that can be included in the health screening package.

Numark arranges for Health Diagnostics to train pharmacists wanting to offer the health checks. After an initial training day, the pharmacist will spend a period of practice, before a refresher day (or half day depending on the number of operators being assessed) within eight weeks. There is also some self study to be done before and afterwards.

Training covers the three main health areas

of blood pressure, diabetes and cholesterol. Within these both theory and practical aspects are covered, including general demographics, risk factors, testing procedures and result interpretation, as well as hands on experience of using the equipment.

The training programme is presented in a comprehensive manual which includes sections on planning and preparation, templates for disclaimers and referral letters, taking the measurements, test protocols and a series of checklists and equipment instruction manuals.

Back to the *C&D* office. Once the invitation came in, and word was put out, volunteers signed up very quickly. "Sounds good. It'll be the start of my new healthy lifestyle," was one reply. There was a degree of anticipation – who would be the 'healthiest' as well as jokes about having to give blood (albeit from a finger prick and not Hancock's "very nearly an armful").

"I should have had a cholesterol test last December but, quite frankly, I'm terrified of the spear-throwing Boadicea who prowls round the local blood letting clinic," said one.

"I'm happy to be subjected to pain, ridicule and lecturing. In fact, sounds like a trip home to my parents without the four-hour drive," said another.

Some of us
were tested for
the likelihood
of developing
osteoporosis

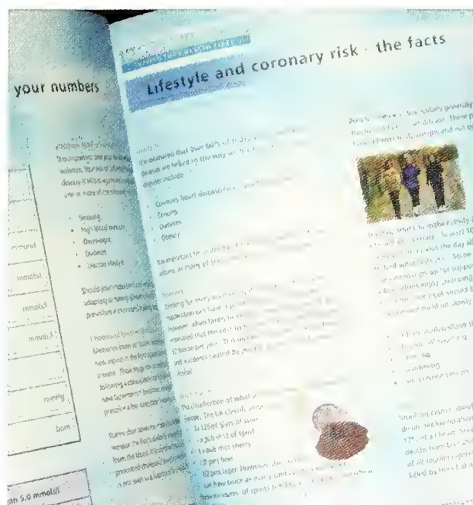
There was also concern about whether people would have to fast for 12 hours before the test (not necessary) and whether any statistics would leak out – weight being an obvious worry. However, one volunteer was quite frank: “I’m up for the fatty test.”

With 13 people to see in a day, it was quite a task for Health Diagnostic’s Julie Evason and Numark’s professional services controller Mimi Lau, joined by Claire Salmons, when they arrived at the C&D office in Tonbridge. Two rooms were set aside so that Julie could take all the measurements while Mimi interpreted the results.

The actual tests take about five minutes to carry out – the rest of the time is spent talking about what is considered to be healthy, the individual’s results, making suggestions for a healthier lifestyle, and answering questions.

Results were discussed with each volunteer with the aim of encouraging behaviour change if needed and were entered into the Health Options software program for printing out onto Numark-branded factsheets. These can be stapled together to build into a comprehensive personal health report.

Measuring the weight, waist size and blood pressure were relatively straightforward (take care not to shock the volunteer if you have cold hands when passing the tape measure round the stomach). But getting sufficient blood into a capillary tube did cause some problems – for one volunteer the knowledge that the skin is about to be pricked whether for a blood sample or injection invariably causes



The health check includes a printed booklet giving personal results and lifestyle advice

that person to faint. And faint they did.

The whole exercise was then repeated at the Numark HQ so that the results could be compared with the potential for a ‘rematch’ six months (and a Christmas holiday and Numark Convention later). This option has yet to be decided on.

While the pharmacists in both the C&D and Numark offices had a good idea of what to expect, other volunteers were less clued up, but were possibly more enthusiastic as a result.

Overall, the response was excellent, said

Claire. “At C&D we were approached by a couple of people who wanted to add their names to the list when they heard how useful it was for their colleagues, and at Numark it was oversubscribed.

“None had had this type of screening before and there was a general surprise that it was available in a pharmacy – I guess they thought it would be much less thorough.”

Some of us had expected a simple reagent strip-style analysis, but the professionalism of Julie and Mimi as well as the high tech equipment made the participants feel that this was a meaningful result. In the ‘real’ world, the recommended £20 consultation fee would seem very reasonable.

In addition, Julie and Mimi showed how the client is helped to understand what their results mean. The advice was very motivational for one of the volunteers who had tried to keep fit but had allowed weight to accumulate. He, like another young woman with a high coronary risk, spent more than half an hour talking about the lifestyle changes that could be made.

Overall, though, the two offices seemed to do quite well, with the C&D office seemingly having the slightly fitter volunteers. The level of physical activity reported by the Tonbridge volunteers was higher than that in Numark, with an average of over four hours a week in Tonbridge (some braggadocio?), compared to a little over one and a half hours at Numark.

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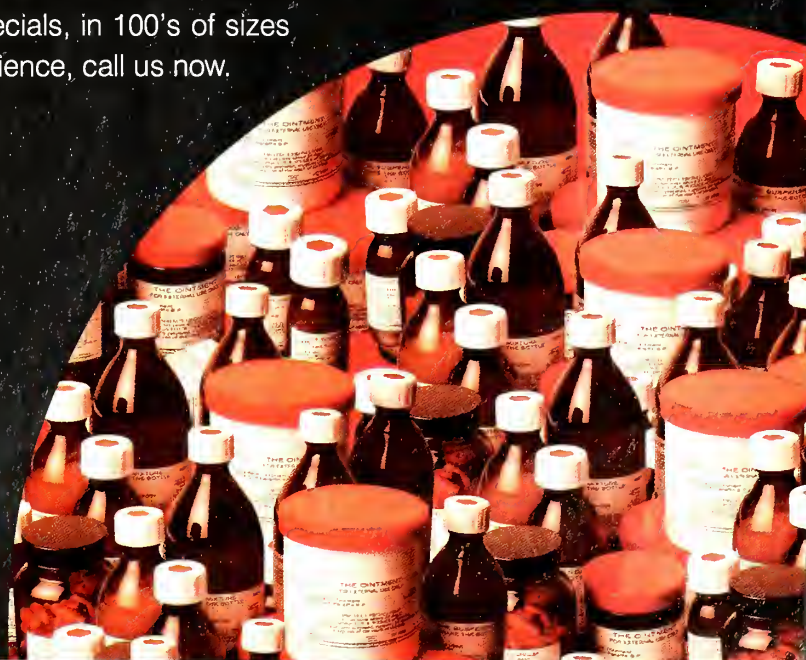
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This might be due to the location and local facilities. Some people cycle to work (weather permitting) and C&D has an excellent pool and gym facilities within five minutes' walk, allowing for lunchtime exercise. Numark, where the local amenities are fewer, has more of a culture of eating lunch at the desk.

Having said that, the body mass index was better for Numark, with only two people having a BMI greater than 25, compared to five at C&D. For the combined results, total cholesterol (TC) ranged from 3.54 to 5.63mmol/l (below 5.0mmol/l is the aim); high density lipoprotein levels (HDL) ranged from 0.87 to 2.11mmol/l (a figure above 1.0mmol/l is the aim and above 1.2mmol/l is considered ideal). Overall, Numark had much better TC to HDL

ratios, with only one person falling outside the optimum value.

The number of smokers was low – only three out of the 13 C&D volunteers and two out of the 13 from Numark, and reported average alcohol consumption seemed low (an average below two units a week – the testing was done well outside the party season).

So what was the considered opinion of those taking part? There was a high degree of satisfaction, both for those who were merely curious and those who wanted to use the consultation as a launch pad to a healthier lifestyle. And for some it was perhaps a relief to find out that they were not as unhealthy as they might have feared – by being able to rank yourself with your peer group (based on age and gender). There is a quiet satisfaction that as a 38-year-old male you are one of the least likely to suffer a coronary incident in the next 10 years, ranking 98th (!) out of a theoretical 100 should your lifestyle factors remain the same.

Of course, some months after the tests were carried out, things have changed – the climate and the party season will have affected the good intentions of some of the volunteers. Certainly the fair weather exerciser who was swimming and cycling at the time of the tests

has morphed back into a Christmas pudding.

Another point worth considering is the quality of the test. Community pharmacists intending to actively promote diagnostic testing as part of their healthy lifestyle advice provision should compare a consultation like this with what a free, simple cholesterol test can do. Indeed, one comment was that although a five-minute quick test will give a number, it does not put it into any context, nor does the 'testee' necessarily have any idea of what to do next. Does a cholesterol reading of 6.8 mean the person needs to see the doctor, modify their diet or not worry too much?

Hence it is important that anyone delivering the session is a good communicator and motivator and gets 'on top' of the subject,

argues Claire. It is also important to have empathy with the client while not being judgmental.

"The Numark Coronary Heart Check programme aims to deliver far more than just a cholesterol test. While a number of high street pharmacies are introducing cholesterol checks free, Numark believes pharmacists should be delivering a quality service with a high-perceived value," she says. "The aim of

the service is to build strong personal relationships with Numark customers while delivering a professional service that evaluates the impact of cholesterol and other risk factors on individual health. The service is not seen as a single visit but customers will be encouraged to have regular re-tests to monitor change, especially anyone being prescribed medication."

Follow-up sessions can be offered to track and motivate change in the health issue of most importance to the client such as weight management, smoking cessation or managing blood pressure.

In addition to the pharmacy client-base Numark is encouraging pharmacists to 'reach out' into the local community and target small to medium sized businesses, to make alliances with local public and private sector leisure facilities and local community groups.

All in all, then, a worthwhile exercise which, with the new contract pending, will become an increasingly useful part of the pharmacist's expertise. The procedures are simple, but the information and contribution to wellbeing that the pharmacist can impart is something that the public – and the NHS – is looking for. ☺

Contact details

More information about the Coronary Heart Check programme is available from Numark on www.numarkpharmacists.com or tel 01827 841200. Health Diagnostics can be contacted at www.healthdiagnostics.co.uk or tel 01244 330112.

The aim of the service is to build strong personal relationships with customers



Volunteers are given printed records of their assessment statistics – great for keeping track of your fitness levels for comparison next time



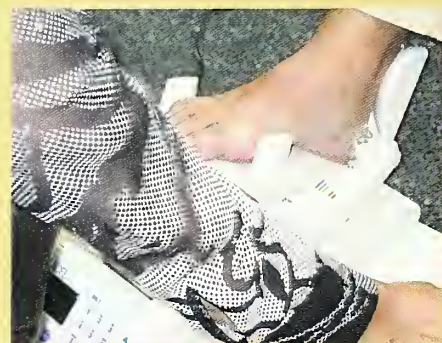
The cholesterol test involves using a small device. The person is asked to give a sample and the device will then calculate the cholesterol level.



Blood pressure is tested and if it is raised the person is given advice on what to do next.



Weight is measured by weight



Some of the tests are done on the blood sugar of the volunteers. The results will be given to the health screening partner.

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His Holiness Pramukh Swami Maharaj

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Triggered by a massive earthquake in Indonesia on Sunday 26 December 2004, the disaster has wrought devastation in Indonesia, Sri Lanka, India, Thailand and other countries on an unprecedented scale.

Within hours of the earthquake, His Holiness Pramukh Swami Maharaj instructed volunteers of BAPS Swaminarayan Sanstha (BAPS) to start relief work in Tamil Nadu, India. BAPS is undertaking relief work on a huge scale along with re-housing the victims and an international appeal has been set up for those affected right across South East Asia.

His Holiness has appealed to the world community to provide humanitarian support rapidly for relief and re-housing work.

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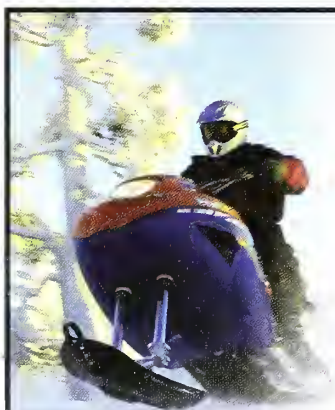
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Appointments

The National Pharmaceutical Association has named **Raj Nutan** as pharmacy business manager. A community pharmacist with a clinical pharmacy postgraduate diploma and an MBA, Mr Nutan's most recent position was regional professional development manager for Moss Pharmacy. At the NPA, he will be responsible for developing and promoting NHS and non-NHS business opportunities for members.

Also new at the NPA is **Neal Patel**. He joins from Boots The Chemists where he was group pharmacy manager for the Brighton area. Other posts Mr Patel has held include PCT professional executive committee member and Primary Care Pharmacists' Association committee member. As NPA NHS liaison manager, he will be responsible for identifying NHS policy that will impact on community pharmacy, and developing networks with the Department of Health.

The DoH has appointed three non-executive members to the Prescription Pricing Authority,



Clockwise from top left: Raj Nutan, Neal Patel, Garth Simpson and David Spillett

effective for three years from January 1. These are: **Dr James Stockwell**, an interim business case manager at the Department for Constitutional Affairs; **Dr Sarah Purdy**, a GP in Bristol and an honorary senior lecturer

in primary healthcare at the University of Newcastle; and **John Norman**, a human resources consultant.

Karen Birchall has been named Mawdsleys operations director. Ms Birchall has joined the pharmaceutical wholesaler from UniChem where she worked for 19 years, most recently as regional operations manager for North East England. Her responsibilities at Mawdsleys will include transport, human resources and legislation.

Penn Pharmaceutical Services has boosted its clinical supplies unit and business development team with three appointments.

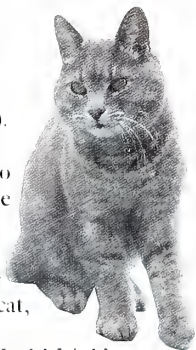
Rob Jones has joined as business development manager from medical device specialist Saflon Pharmaceuticals, and **David Spillett** and **Garth Simpson** have been named CSU project managers.

Mr Spillett is currently undertaking an MSc in clinical research and has moved from Marix Drug Development, and Mr Simpson was previously at resin manufacturer Cray Valley Limited.

High hopes for 2005

Doing more exercise, giving up smoking, eating fewer cakes – what will your new year's resolution be? For anyone needing inspiration, a few of pharmacy's leading lights have told *C&D* what they hope to achieve in 2005.

Last year's public health messages seem to have sunk in for Moss Pharmacy's Chris Street, who says he wants to get his BMI under 25 (he describes it as "currently languishing around 26.5"). His second resolution is to buy his fiancée a cat because "the last one didn't like me very much" (cat, not fiancée).



PharmacyHealthLink's Miriam Armstrong sticks to the public health theme, saying she wants "to remind everyone that smoking kills – and that secondhand smoke kills other people". Numark's David Wood changes tack, saying he hopes "to be less scathing about our representative bodies".

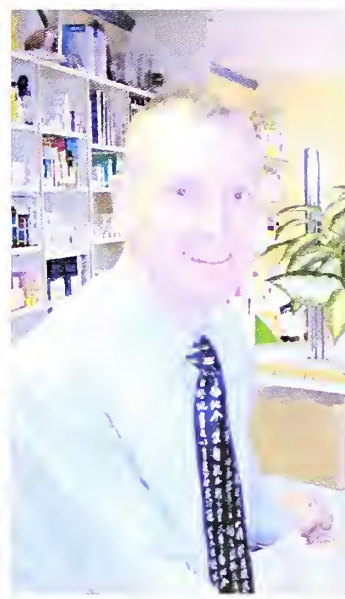
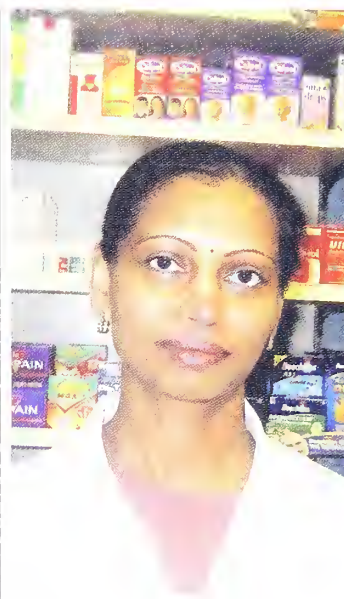
Saying quite the opposite is John Murphy from the Pharmacists' Defence Association who has vowed to "congratulate

the NPA at every opportunity for reversing their historically long-held position that personal insurance for pharmacists is not recommended when working in member pharmacies". Ouch.

Royal Pharmaceutical Society president Nicholas Wood doesn't commit to what he hopes to achieve in 2005, but says: "For *C&D* readers making their new year's resolutions, can I suggest putting CPD near the top of your list? It is not as difficult as you think!" Don't say he didn't tell you.

John D'Arcy seems to have had a busy 2004, saying: "My new year resolution is to spend more time with my family." While his Northern Ireland colleague, Ulster Chemists' Association president Paula McDaid, says: "My wish for 2005 is to complete the UCA's communications strategy, enabling us to look forward to the future, speaking with a strong voice for all our members."

But it's up to Boots superintendent pharmacist Pradip Patel to voice what many may be thinking. He wants to "try and make the expertise of the pharmacist more widely known and accepted in society". And who knows? Maybe this will be the year the profession turns a corner. Happy 2005.



Pharmacy Travel prize winners

Medicines counter assistant Harshila Patel, above, won an unexpected Christmas present when her name came out of the hat as winner of our November Pharmacy Travel prize draw.

Harshila, who works at Weston Pharmacy, Plaistow in London E13, was delighted. She wins £500 towards a Gold Medal Holidays package to Bangkok, Hong Kong, Kuala Lumpur or Singapore.

Also celebrating is Roderick Mair, winner of *Community Pharmacy's* October prize draw. The pharmacist, above right, from

Roderick Mair Pharmacy in Currie, Midlothian, wins £250 towards a Superbreak holiday.

Look out for more superb Pharmacy Travel offers and prizes in *C&D* and *Community Pharmacy* in 2005. This month's exclusive offer (see opposite) gives some great value holidays at Mark Warner Beach Resorts. And see next week's *C&D* and the January issue of *Community Pharmacy* for the chance to win an all-inclusive week-long family holiday in the Greek Islands.

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